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K23159

DEC 18 1941 254
Registration District No. 254

Primary Registration District No. 5355

State File No. _____

Registrar's No. 16

1. PLACE OF DEATH: *Daviness*

(a) County *Daviness*

(b) City or town *Benton Rural*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community *life*
years, months or days

3. (a) PRINT FULL NAME *Freda Ellen Plymell*

3. (b) If veteran, name war *no*

3. (c) Social Security No. *2*

4. Sex *Female* 5. Color or race *white*

6. (a) Single, widowed, married, divorced *0*

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Oct 19 1939*
(Month) (Day) (Year)

8. AGE: Years *2* Months *1* Days *6* If less than one day _____ hr. _____ min.

9. Birthplace *Daviness Co Mo D*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name *J. N. Plymell*

13. Birthplace *Mo. D*
(City, town, or county) (State or foreign country)

14. Maiden name *Ethel Lee Gardner*

15. Birthplace *Mo. D*
(City, town, or county) (State or foreign country)

16. (a) Informant *J. N. Plymell*

(b) Address *Pattonburg Mo*

17. (a) *Burial* (b) Date thereof *Nov 26-1941*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oak Ridge*

18. (a) Signature of funeral director *S. Schromer*

(b) Address *Pattonburg Mo*

19. (a) *Nov 26-1941* (b) *S. Schromer*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Daviness*

(c) City or town *Pattonburg Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *25*
year *1941* hour *8* minute _____ A. M.

21. I hereby certify that I attended the deceased from *Nov 22 5 A.M.* 1941, to *Nov 25 7:30 AM 41*
that I last saw her alive on *Nov 25 7:30 AM* 1941
and that death occurred on the date and hour stated above.

Immediate cause of death *Lobar Pneumonia* Duration *3 days*

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations *108*

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury *fall*

23. Signature *L. R. Trought* (M. D. or other) *DD*

Address *Pattonburg Mo* Date signed *11-27-41*

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.