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

27853

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 101261 Primary Registration District No. 5885 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town ~~Almartha~~, Barronfork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Almartha Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME William R. Plaster
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Lizzie Plaster
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 13, (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	14	hr. min.

9. Birthplace (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Plaster
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant J. E. Morgan
(b) Address Almartha
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Souder
18. (a) Signature of funeral director Friends
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1942 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from Mar 20th 1942 to Mar 27 1942
that I last saw him alive on Mar 27 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dropsy of the Chest	
Due to Pleurisy	
Due to Empyema	
Other conditions (Include pregnancy within 3 months of death)	

110a

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F. C. Meyer (M. D. or other)
Address Almartha Mo Date signed

579 (Licensed Embalmer's Statement on Reverse Side)

Body not brought in, Friends took care of service.

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

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

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