V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9779

State File No.

FILED MAR 17 1943

Registration District No. 94 44 Primary Registration District No. ~~4056~~ 4060 Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge
(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 20 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALDWELL 13
(c) City or town BRECKENRIDGE 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM-JEREMIAH-PLUMMER
3. (b) If veteran, name war NO
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 3 DIVORCED
6. (b) Name of husband or wife DAISY PLUMMER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT. (Month) 20 (Day) 1865 (Year)

8. AGE: Years 77 Months 3 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) OHIO (State or foreign country)
10. Usual occupation GARDNER
11. Industry or business
FATHER
12. Name ENOCH PLUMMER
13. Birthplace (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name MARY MUNSEL
15. Birthplace (City, town, or county) OHIO (State or foreign country)
16. (a) Informant Elmer Plummer
(b) Address Breckenridge Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director F McPeak
(b) Address Breckenridge Mo.
19. (a) Feb 9-43 (Date received local registrar) (b) E Atkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 2"
year 1943 hour 6 minute 10 M.
21. I hereby certify that I attended the deceased from Jan 29-1943
1943 to Feb 2 1943
that I last saw him alive on Feb 2 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Jan 29-43
Chronic Nephritis	Feb 2-43
Due to High Bl Pr	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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J D Underwood

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

23. Signature J D Underwood (M. D. or other) DO
Address Breckenridge Mo. Date signed Feb 8-43

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(Licensed Embalmer's Statement on Reverse Side)

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 T. F. McBeth, Registered Apprentice No. X, working under my personal supervision.

Signed T. F. McBeth

Licensed Embalmer No. 1570

P. O. Address Breckenridge, Mo

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.