

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 14 1945

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Kennett mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days) 26-3-28

2. USUAL RESIDENCE OF DECEASED:

(a) State 7710 (b) County Greene
(c) City or town Kennett 3.5
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Robert Plumley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1945 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Plumley 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased..... Sept 19 1918
(Month) (Day) (Year)

Immediate cause of death Burnt to death

8. AGE: Years 26 Months 3 Days 28 If less than one day
hr. min.

Due to.....
Due to..... 181
Other conditions..... (Include pregnancy within 3 months of death) 15

9. Birthplace Kennett mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

12. Name Comie Plumley
13. Birthplace Kennett mo
(City, town, or county) (State or foreign country)
14. Maiden name S.A. Brown
15. Birthplace Kennett mo
(City, town, or county) (State or foreign country)

16. (a) Informant Comie Plumley
(b) Address Kennett mo
17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Care

18. (a) Signature of funeral director Lutz and Co.
(b) Address Kennett mo
19. (a) 2-1-45 (b) J. H. Blum
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 535
(b) Date of occurrence Jan 17-45
(c) Where did injury occur? in Home (City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury fire
23. Signature J. H. Blum (M. D. or other) loc
Address Kennett mo Date signed 1-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

22

X

401

RECEIVED
District Health Office
District File Number 345-3
Date Filed 3/8/47

JAN 24 1947

MAR 20 1945

MAY 16 1945

AUG 6 1947

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.....

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.