S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6321

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 9

18
1
0

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 302 Hearne Ave 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 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lees Summit Mo 1 Kg
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Hearne Ave 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Josephine Plank

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frank B. Plank

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 12 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	5	hr. min.

9. Birthplace Humbolt Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name George Harding
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Smith
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank B. Plank
(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N. B. Langsford
(b) Address Lees Summit Mo

19. (a) Jan. 19, 1945 (b) F. M. Schick by E. M. S.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 1-3, 1944, to 1-18, 1945
that I last saw her alive on 1-17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bacterial Endocarditis	7 mo
Coronary Sclerosis	10 yrs

Due to

Due to

Other conditions 91a
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 [signature] (M. D. or other) Neb

Address Lees Summit Mo Date signed 1-1945

1162

(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 .....

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

working under my personal supervision.

Signed W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.