S. No. 2
M—2-43
. 5-17-39
P-1 X35697

1188

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1681

FILED JAN 31 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 232

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. Municipal Tuberculosis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 4 mo. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Norton 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME Marvin Lee Plaskett
3. (b) If veteran, name war no
3. (c) Social Security No. 487-05-6325
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April (Month) 13 (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
29	9	1	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Grocery clerk
11. Industry or business _____
FATHER
12. Name Marvin L. Plaskett 0
13. Birthplace Slater (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary 0
15. Birthplace California (City, town, or county) Mo. (State or foreign country)
16. (a) Informant K.C. Tbc. Hosp.
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Mrs C. R. Forster
(b) Address 918 Brooklyn KC Mo
19. (a) 1-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1946 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from 9-13 1944 to 1-14 1946 that I last saw him alive on 1-14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 1/2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes mellitus	5 yrs.

Major findings:
Of operations _____
Of autopsy 13 lb!

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? _____
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature H. L. Coffman (M. D. or other) MD
Address Kansas City Mo Date signed 1-14-46

(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.....Joe B. Yoder.....

Licensed Embalmer No.....4173.....

P. O. Address.....918 Brooklyn.....

KC. 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.