

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41099

State File No.

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. One Block
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Charles Martin Plute

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 24, 1946, to Dec 6, 1946;
that I last saw him alive on Dec 4, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 month

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 83A

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 L Schopf (M. D. or other) 0
Address Warrensburg, Mo. Date signed Dec 9 1946

8. AGE: Years 88 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lester Hunt

(b) Address 327 N. Denver, Kansas City, Mo

17. (a) Burial (b) Date thereof Dec 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove

18. (a) Signature of funeral director A. J. Wilentz

(b) Address Warrensburg, Mo.

19. (a) Dec 9 1946 (b) Savannah C. White
(Date received local registrar) (Registrar's signature)

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

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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.....

4059

P. O. Address.....

Folder, 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.