

S.No. 2
M-1/47
V. 5-17-39

National Office of Vital Statistics
FILED MAY 23 1947

Registration District No. **374**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Manchester Nursing Home** **4**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 5 years**
(Specify whether)

In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Manchester** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **Manchester Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **IDA REBECCA PLUMMER**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Frank Plummer**

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

7. Birth date of deceased **December 28 1862**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	4	24	hr. min.

9. Birthplace **Milwood Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

MOTHER FATHER

11. Industry or business

12. Name **unknown** **Varble**

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

14. Maiden name **unknown**

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Paul F. Plummer**

(b) Address **901 S. Bemiston Ave., Clayton**

17. (a) **removal** (b) Date thereof **5-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carlinville, Illinois**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

19. (a) **5-23-47** (b) **Beulah J. Lupton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1947** hour **5:30** minute **P.**

21. I hereby certify that I attended the deceased from **April 7**
19 **47** to **May 22** 19 **47**
that I last saw h **u** alive on **May 22** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia 3 day**

Due to **948**

Due to **Gen'l arteriosclerosis**

Other conditions **chr. myocarditis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autops:

Underline the cause of which death should be charted 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 **Chas. Denny** (M. D. or other) **5-22-47**
Creve Coeur, Mo. signed

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

Dr. C. H. Denny
Deane St. Rd.
1E 4-2361

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..... *Raymond L. Morris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood, IN*

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.