

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE-  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19900**

FILED JUN 5 1947

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five days  
(Specify whether years, months or days) 28 yrs

3. (a) PRINT FULL NAME

Mary Plum

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

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Plum  
6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased Sept. 22, 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 2  
If less than one day hr. min.

9. Birthplace Idaho - MO - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Mitchel O' Bryan - 7  
13. Birthplace Unknown - 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown - 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Plum  
(b) Address Nevada, MO  
17. (a) Burial (b) Date thereof 5-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Calvary

18. (a) Signature of funeral director Caroline Plummer  
(b) Address Nevada, MO

19. (a) 5-29-47 (b) Ruthen Vancey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon 8  
(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. Christie 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25  
year 47 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 21 May 1947 to 25 May 1947  
that I last saw her alive on 25 May 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 3 hrs

Due to Skull fracture;

Due to Fracture rt. tibia & fibula  
Fracture left tibia & fibula

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1100/6  
Of autopsy 1121

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) Accident 108  
(b) Date of occurrence 21 May 1947 8  
(c) Where did injury occur? Nevada Vernon MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On U.S. Highway 71  
While at work? no (e) Means of injury Auto accident

23. Signature Roy W. Beard (M. D. or other) MD  
Address Nevada MO Date signed 30 May 47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-654  
Date filed 6-8-47

**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 *Manso E. Ehringer*

Licensed Embalmer No. *2656*

P. O. Address *Jessie 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.**