

FILED JUL 14 1947

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 79

1. PLACE OF DEATH: PULASKI
 (a) County PULASKI
 (b) City or town CRUCKER
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: West-CRUCKER
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PULASKI
 (c) City or town CRUCKER (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME MARY-MARTICIA-PLEMMONS
 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 EARL W-PLEMMONS
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 2 1865
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 1 year 1947 hour 10 minute 30 P.M.
 21. I hereby certify that I attended the deceased from July 1 1947 to July 1 1947
 that I last saw her alive on July 1 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary thrombosis 1 hr.
 Due to Chronic Myocarditis ?

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>29</u>	<u>hr. - min.</u>

Other conditions ✓
 (Include pregnancy within 3 months of death)
 Major findings:
 : Of operations -
 Of autopsy -

9. Birthplace Miller Co Mo (City, town, or county) (State or foreign country)
 10. Usual occupation House wife
 11. Industry or business Home
 MOTHER FATHER {
 12. Name GREEN-WINFREY
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name SUSAN WINFREY
 15. Birthplace unknown (City, town, or county) (State or foreign country)
 16. (a) Informant Lydia Haddleston
 (b) Address Crucker
 17. (a) BURIAL (b) Date thereof 7-3-47 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation HAWKINS-Cem
 18. (a) Signature of funeral director Hutchinson
 (b) Address Edon Ms
 19. (a) 7/8/47 (b) Delma C Buckther (Date received local registrar) (Registrar's signature)

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 2
 23. Signature John L. Fitchalwood (Date) or other OO
 Address Crucker, Mo Date signed 7-2-47

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

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

Keith M. Kaye
.....
Licensed Embalmer No. *2998*.....

P. O. Address *Eldon 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.