

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33804

State File No. _____

FILED NOV 13 1947

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 da
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. W. Franklin
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
 year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 23 Oct., 1947, to 28 Oct., 1947;
 that I last saw h. er alive on 28 Oct., 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 days

Due to myocarditis, Chs. Hypertension arterial 1 yr. 23

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy 93A

PHYSICIAN
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Violet Caroline Plunk

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aaron Alexander Plunk 6. (c) Age of husband or wife if 80 years

7. Birth date of deceased May 30 1873
 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Cotter

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

14. Maiden name Henrietta Hart

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

16. (a) Informant A. A. Plunk

(b) Address Poplar Bluff, Mo.

17. (a) burial (b) Date thereof Oct 30 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Back Creek

18. (a) Signature of funeral director Greer Croy & Hitch

(b) Address Poplar Bluff, Mo.

19. (a) 11-6-47 (b) R. D. Minnie
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

NOV 18 1947

RECEIVED

District Health Office No. 2,

District File Number 1142-1449

Date Filed 11-11-47

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.....

Philip J. Cassidy....., Registered Apprentice No. 108
working under my personal supervision.

Signed Walter N. Fitch.....

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.