No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34054

State File No.

Registration District No. 82 Primary Registration District No. 4143 Registrar's No. 153

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BLACKWATER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 36 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town BLACKWATER
(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

3. (a) PRINT FULL NAME WILLIAM T. PLUMMER
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE PLUMMER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 29 - 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	28	hr. min.

9. Birthplace NEW HARMONY (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation RETIRED ENGINEER
11. Industry or business MO. PAC. RAILROAD
FATHER 12. Name THOMAS PLUMMER
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARTHA RICHARDS
15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant MRS W.T. PLUMMER
(b) Address BLACKWATER, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation OLD LAMINE CEMETERY
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE, MO.
19. (a) 9-27-47 (Date received local registrar) (b) D.E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 26th
year 1947 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from Nov 27, 1944 to Sept 26, 1947
that I last saw him alive on Sept 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocarditis	
Due to	
Due to	
Other conditions Prostatitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 93E
Of autopsy none

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? (Specify type of place)
While at work? (c) Means of injury

23. Signature T C Beckett M.D. (M. D. or other)
Address Boonville Mo Date signed 9-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-20-47

OCT 22 1947

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 Harry E Monroe Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Hagner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, 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.