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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38848

FILED DEC 15 1947

Registration District No. 1285

Primary Registration District No. 4301

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Linn

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

(c) Name of hospital or institution: /
(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: 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn 58

(c) City or town: Meadville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Sarah Amanda Plummer

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George W. Plummer

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: October (Month) 23 (Day) 1865 (Year)

8. AGE: Years 82 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Bradysville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: Eli Johnson
13. Birthplace: Bradysville (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Eveline Burbage
15. Birthplace: Bradysville (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Stone Plummer
(b) Address: Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadville Cemetery

18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri

19. (a) 12-3-1947 (Date received local registrar) (b) Chas G. Martens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 2
year: 1947 hour: 7:30 minute: P.M.

21. I hereby certify that I attended the deceased from June 1 1940 to Dec 2 1947, that I last saw her alive on Dec 2 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic Myocarditis

Due to: Hypertrophic degeneration

Due to: Cardiovascular renal disease

Other conditions: Myxoedema diabetes
(Include pregnancy within 3 months of death)

Major findings: Hodges Fowler
Of operations: none

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): no

(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: E. D. Weir (M. D. or other)

Address: Meadville Mo Date signed: Dec 3 1947

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.