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36671

FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **4109**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3925 Clark 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. (Specify whether  
 In this community 2 months (years, months or days)

**3. (a) PRINT FULL NAME** Charles H. Ploger  
 (b) If veteran, name war no. (c) Social Security No. 500-20-0252

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Musetta Ploger 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased: April 4 1877  
(Month) (Day) (Year)

**8. AGE:** Years 71 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Batber

11. Industry or business X

12. Name Henry Ploger

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

14. Maiden name Anna Cobenbrink

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

16. (a) Informant D. J. Ploger

(b) Address 3925 Clark, Kansas City, Mo.

17. (a) removal (b) Date thereof 10-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-9-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cooper 27  
 (c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ----- (If rural, give location) 1  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 8  
 year 1948 hour 3:28 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory Failure (1 hr)  
Pulmonary Embolus (7 days)  
Carcinoma of lung (1 yr)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 47.2  
 Of operations \_\_\_\_\_

Of autopsy See above.

Duration

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 a home, farm, in industrial place, in public place? Pathologist

While at work \_\_\_\_\_ (Specify type of place)  
 (M. D. of other)

23. Signature A. E. Upsher (M. D. of other)  
 Address 2800 Main 10/9/48

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

MOTHER FATHER

Dr. John F. Bowser,

1st Natl. Bk. Bldg., Clifton 8224  
411 Alameda Rd., Je 16  
1621

Res. 954 W. 32 Lo 3991

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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..... *Robert H. Reed*.....

Licensed Embalmer No. *2745*.....

P. O. Address..... *K. E. 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.