

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24508

File No. 2012
Registered No. 2012
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. St. Marys Hospital)

2. FULL NAME Ira Willia Plank

(a) Residence. No. Inglewood Calif. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER

Levi Plank

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Emma Lehmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT Miss Opal Plank

(Address) Inglewood Calif

15.

FILED 7/3 1929 M.M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 19 29

17. I HEREBY CERTIFY. That I attended deceased from May 5 1929, to July 2 1929, that I last saw him alive on July 5 1929, and that death occurred, on the date stated above, at 2 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Ch
Atherosclerosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Myocardial

Failure (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Inglewood Calif

IF AN OPERATION PRECEDES DEATH, DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Post mortem Findings

(Signed) R.D. Swinney M. D.

7/2 1929 (Address) 729 Rialto Bldg
Kansas City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lyons Kansas

20. UNDERTAKER

H.W. Gates

DATE OF BURIAL

July 5 19 29

ADDRESS

K.C.K.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

CONFIDENTIAL

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION