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.

REC'D MAR 14 1938

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

Do not use this space. 6089

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85

(b) Township Primary Registration District No. 1001 Registered No. 164

(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Plant, 453

(a) Residence, No. 406 North 19th. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Alfred Plant,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29, 1864

7. AGE: Years 73 | Months 3 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nurse,

9. Industry or business in which work was done, as saw mill, bank, etc.: Practical,

10. Date deceased last worked at this occupation (month and year): February 1938

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland, Ohio,

FATHER

13. NAME: Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): E. L. Plummer 1019 No. 13th. Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Feb. 8th. 1938

19. FUNERAL DIRECTOR (ADDRESS): Newton-Behrens-Bowman 319 So. 10th. Street, Funeral Home

20. FILED 2/8 1938 A. J. Neuhaus Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 7th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937, to Feb 7, 1938

I last saw her alive on Feb 6, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis.	1936
97-	

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. F. Owens, M. D.

(Address) 302 Ballinger Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself. 2/7/3

L. E.

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)