

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10581
Do not use this space.

1. PLACE OF DEATH

(a) County Dade
 (b) Township Sac
 (c) City Greenfield Mo.
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

2
 Registration District No. 1109
 Primary Registration District No. 5338

Registered No. 1

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Fredrick August Plasmeyer. 43-5
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write County or city)

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 Irene Plasmeyer.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

FATHER 13. NAME Herman Plasmeyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm. Plasmeyer Greenfield Mo. #

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball Mound DATE Mar 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Ward Greenfield Mo.20. FILED April 8, 1938 Winnie King Road Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 193822. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 26, 1938I last saw him alive on March 21, 1938. Death is said to have occurred on the date stated above, at 9 P. M.

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

Cholelithiasis

Date of onset

Other contributory causes of importance: 1278

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) H. O. Cousins, M. D.217 (Address) Greenfield Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)