

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.

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

38006
Do not use this space.

REC'D NOV 10 1938

1. PLACE OF DEATH
 (a) County Wheeler Registration District No. 411
 (b) Township Wheeler Primary Registration District No. 2992 Registered No. 528
 (c) City Joplin (d) Street No. Franklin 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Rodney Lee Plengler
 (a) Residence, No. 528 Franklin 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1935
 7. AGE YEARS 3 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.
 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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1938 to Oct 16 1938
 I last saw h./d. alive on Oct 16 9 AM, 1938. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Laryngeal dysphtheria.
 Date of onset Oct 7
 Other contributory causes of importance:
nasal hemorrhages toward the end.
 Name of operation clinical Date of 10
 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? no Date of injury no, 1938
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. C. Davis, M. D.
 (Address) 204 F. Russo Bldg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.
 13. NAME Rodney Lee Plengler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.
 15. MAIDEN NAME Lottie Richardson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Mo.
 17. INFORMANT (ADDRESS) Family Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin City DATE Oct 18 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franklin City Joplin Mo.
 20. FILED 10-18-1938 E. D. Smith Local Registrar.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-529
Date Filed NOV 7 1938

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

Steve Parker

Licensed Embalmer No. 2548

P. O. Address

Golden 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, above space should be left blank.