

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

2162  
 Do not use this space.

0770 FEB 23 1939

**1. PLACE OF DEATH**

(a) County Douglas Registration District No. 1071  
 (b) Township Walla Primary Registration District No. 5398  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

451 B. 112 Lee Pl. M. D.  
 (a) Residence, No. Douglas 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 Single  
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or \_\_\_\_\_ min.

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. \_\_\_\_\_  
 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) Douglas Mo.

FATHER 13. NAME Lloyd T. Francis Plumb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas

MOTHER 15. MAIDEN NAME Alma Freda Workman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas

17. INFORMANT (ADDRESS) Lloyd F. Plumb  
Lawrence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memory DATE Jan 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neighbors  
Shelby, Mo.

20. FILED Jan 30 1939 Joe Thompson  
 Legal Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1939, to Jan 14 1939. I last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 12:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Asphyxiated  
154  
 Other contributory causes of importance:  
Premature birth,  
poor, had Anemic  
poison.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Dr. C. P. Haslam D.O.  
 (Address) Lawrence, Mo. M.D.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-261

Date Filed FEB 15 1939

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**