

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1290

1. PLACE OF DEATH:

(a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. JOSEPH'S Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 DAYS  
11 DAYS (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME LEONAMUS B. PLUMMER 456  
 3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife ALICE W. SYWHART Plummer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUG 15 1860  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>29</u>	hr. _____ min.

9. Birthplace UNKNOWN KENTUCKY  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name ELEVENTH VINCENT PLUMMER 9  
 13. Birthplace UNKNOWN UNKNOWN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MATILDA WILLIAMS  
 15. Birthplace UNKNOWN ILLINOIS  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Beulah C. Travis  
 (b) Address 608 N. 6TH ST. ST. JOSEPH, MO.  
 17. (a) ATCHISON, KAN (b) Date thereof. DEC. 14, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT. VERNON - ATCHISON, KAN  
 18. (a) Signature of funeral director Wm Stanton  
 (b) Address ATCHISON, KAN  
 19. (a) Dec 14 1939 (b) J. H. Neelbush  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
 (c) City or town Atchison  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 14 / day 39  
 year \_\_\_\_\_ hour 3 minute P.M.  
 21. I hereby certify that I attended the deceased from Dec 3  
 \_\_\_\_\_, 1939, to Dec 14, 1939  
 that I last saw him alive on Dec 13, 1939  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Carcinoma of Stomach

Duration 8 months

Due to \_\_\_\_\_ 40  
 Due to \_\_\_\_\_  
 Other conditions Arterio Sclerosis  
 (Include pregnancy within 3 months of death)  
 Major findings: None  
 Of operations None  
 Of autopsy None

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:   
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work?  (Specify type of place) (e) Means of injury   
 23. Signature J. H. Thompson (M. D. or other) 1  
 Address 825 Charles Date signed Dec 14/39

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.

**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.....

*me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Wm Stanton*.....

Licensed Embalmer No. *3778*.....

P. O. Address *Atchison, Kans.*.....

**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.**