

Registration District No. 421Primary Registration District No. 4259Registrar's No. 13

1. PLACE OF DEATH:

(a) County Franklin County
(b) City or town Edina, Mo.
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: 2 in hospital or institution (Specify whether
years, months or days) 2In this community Edina, Mo.3. (a) PRINT FULL NAME Leslie Plymmer3. (b) If veteran, name war 2 3. (c) Social Security No. 24. Sex M. 5. Color or race W. 6. (a) Single, wid, wed, married, divorced Single6. (b) Name of husband or wife 2 6. (c) Age of husband or wife if alive 2 years7. Birth date of deceased Apr 14 1906
(Month) (Day) (Year)8. AGE: Years 33 Months 10 Days 1 If less than one day hr. min.9. Birthplace Edina, Frank Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Janitor

11. Industry or business

12. Name John Plymmer13. Birthplace Scottsburg Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Plymmer15. Birthplace Frank County, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edna Hart(b) Address Edina Mo.17. (a) Burial (b) Date thereof Feb 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Catholic Church18. (a) Signature of funeral director J. J. Kelly(b) Address Edina, Mo.19. (a) Feb 16, 1940 (b) Wm. M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin(c) City or town Edina
(If outside city or town limits, write "RURAL")(d) Street No. Main
(If rural, give location)(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1940 hour 4:30 minute PM21. I hereby certify that I attended the deceased from
2-14, 1940, to 2-15, 1940that I last saw him alive on 2-15, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Ruptured cerebral aneurysm Duration 2-14-40
(following a fall)Due to middle ear disease (chronic) since 1930

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 2Of autopsy 2

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 Fredrick L. Schmidt (M. D. or other) MO
Address Edina, Mo. Date signed 2-16-40

FEB 16 1940

1864

RECEIVED

District Health Officer No. 10

District File Number 3-40-530

Date Filed MAR 8 1940

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.....

Geo. Beasley Jr.

Registered Apprentice No. 2755

working under my personal supervision.

Signed *Geo. B. Easton Jr.*

Licensed Embalmer No. 3755

P. O. Address *Harisand West*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7101

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 441

Primary Registration District No. 4259

Registrar's No.

1. PLACE OF DEATH:

(a) County Knos
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Leslie Flynn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced A

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 1 If less than one day _____ h. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 July day 15 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death ruptured cerebral arteries following a fall middle ear abscess

Duration 3-14-40
1930

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 2-14-'40 6:55 P.M.
(c) Where did injury occur? Edina Knos Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place - started out of door of fall to side

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Frederick J. Schmidt (other) _____
Address Edina Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

Please fill in section 22 giving full

details of the fall. State date etc.

is boy had been complaining but did
not consult with my doctor. Quit
work at 6:00 P.M. Went to tavern - ordered
milk & beer. Was talking with proprietress
& taken a few sips - complained not
feeling good sick at stomach - started
at door - fell thru & hit sidewalk.

Please write requested information
directly on face of supplemental
and return in the enclosed ~~envelope~~ franked
envelope that requires no postage.

ste m
/

Harry F. Parker

Harry F. Parker, M. D.
Special Agent, Bureau of the Census