

FILED APR 12 1940
399

State File No. _____

1002

Registrar's No. 1215

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4205 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 yrs
years, months or days

3. (a) PRINT FULL NAME William W. Plaskett 423

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 Married

6. (b) Name of husband or wife Florence M. Plaskett 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 26th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 19 hr. _____ min.

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

10. Usual occupation Interior Decorator

11. Industry or business _____

MOTHER FATHER { 12. Name John M. Plaskett
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Handspire
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Wife Mrs. Florence Plaskett
(b) Address 4205 Charlotte

17. (a) Burial (b) Date thereof Mar. 18th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter J. Jermal
(b) Address 7406 Wornall Rd
3-18-40 Home

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Charlotte
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 10:40 P. minute _____ M.

21. I hereby certify that I attended the deceased from March 11
1940 to Mar 15 1940
that I last saw him alive on Mar 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Nephritis Duration
Chronic
131

Due to _____
Due to _____

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 _____
(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 W. H. Fair (M. D. or other) _____
Address 404 1/2 W 75 Date signed 3/16/40

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

Dr. Fair
404 1/2 - W 75th

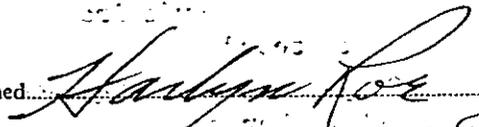
STATEMENT BY LICENSED EMBALMER

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..... 7810

P. O. Address..... 408 W 75th

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.