

FILED APR 12 1940

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

10703

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) ~~Township~~ Jefferson Primary Registration District No. 3014 Registered No. 56
(c) City Jefferson (d) Street No. St. Thoms Day 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

George Orsey Placial
(a) Residence, No. Tebbetts Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Eda Dallas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1874</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Tanning</u>	11. Total time (years) spent in this occupation <u>all</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb - 1940</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co Mo</u>		
FATHER	13. NAME <u>August Placial</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Argonne Mo</u>	
MOTHER	15. MAIDEN NAME <u>Josephine Belier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Argonne Mo</u>	
17. INFORMANT (ADDRESS) <u>Wife Mrs. Martha Placial Tebbetts Rmo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverview</u> DATE <u>Mar 6 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Tanner & Co 700 Jefferson St. City</u>		
20. FILED <u>3/5/40</u> 19 <u>40</u> <u>D. B. Beckwith</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1940 to March 4, 1940
I last saw him alive on March 4, 1940 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Prerenal 108
Solus
Bilateral

Other contributory causes of importance:
Cerebral Hemorrhage
Arteriosclerosis
Hypertensive Probable

Name of occupation Self Date of no
What test confirmed diagnosis? no 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? no
If so, specify _____
(Signed) J. G. Bruce M. D.
Jefferson City Mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

X16605

K. 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.

THIS IS A PERMANENT RECORD

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.....
D.M. Davis....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*D.M. Davis*.....
Licensed Embalmer No. *3741*
P. O. Address *Jefferson City 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.