

FILED MAY 20 1940
Registration District No. 1207

Primary Registration District No. 5286

Registrar's No. 28-12

1. PLACE OF DEATH:

(a) County Clinton Mo
(b) City or town Lathrop R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural - Concord Twp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Lathrop P.R.#1
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Helen E. Plummer 406

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

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Plummer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Wife + Mother

11. Industry or business _____

12. Name W. V. Shaeuburg

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

14. Maiden name Antonia Dixon

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

16. (a) Informant Mrs Bill Shufels

(b) Address Plattburg

17. (a) Burial (b) Date thereof Apr 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Home

18. (a) Signature of funeral director J. J. [unclear]

(b) Address Plattburg

19. (a) Apr 8 - 1940 (b) Benner Ottaway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1940 hour 8:20 minute _____ M.

I hereby certify that I attended the deceased from May 1 - 1940 to Apr 7 - 1940
that I last saw u alive on Apr 6 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Duration _____

Due to _____

Due to 50

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, or farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. [unclear]

Address Lathrop, Mo. Date signed Apr 8 1940

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

2
0-39
199
1492
5

RECEIVED
District Health Officer No. 11,
District File Number 540-788
Date Filed MAY 17 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.....

James L Martin, Registered Apprentice No.
working under my personal supervision.

Signed James L Martin
Licensed Embalmer No. 860
P. O. Address Plattsburgh

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.