No. 2
11-10-39
5-17-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18391

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 406

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

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home 718 E. Portland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 718 E. Portland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

8. (a) PRINT FULL NAME: Martha P. Plummer 456

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

4. Sex: Female | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: James Plummer
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: November (Month) 9 (Day) 1898 (Year)

8. AGE: Years ✓ 91 | Months 5 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Elston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business ____

FATHER
12. Name: Wm. Mallory Lane
13. Birthplace: No Record (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Mead
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: J. N. Musick, MD.
(b) Address: 718 E Portland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Russellville, Mo

18. (a) Signature of funeral director: Fred C Pheme
(b) Address: Springfield, Mo.

19. (a) 5-2-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RMB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-1-40 ~~5-1~~, 19~~40~~ to 5-1-, 19 40 that I last saw her alive on 5-1-, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, Cerebral	4 mo
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: J. Musick (M. D. ~~or other~~)
Address: Springfield Mo Date signed 5-2-40

(Licensed Embalmer's Statement on Reverse Side)

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 R H Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X