

JUN 27 1940

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5  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 820 So Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 23 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 So Park  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th  
year 1940 hour 10:40 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from December 30, 1939 to May 24, 1940  
that I last saw her alive on May 24, 1940  
and that death occurred on the date and hour stated above.

8. (a) PRINT FULL NAME John Anonias Plinger  
8. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

Immediate cause of death Uremia  
Duration 1 wk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara May Plinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 31 1852  
(Month) (Day) (Year)

Due to Carcinoma Colon ?

8. AGE: Years 87 Months 11 Days 23 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) X 4<sup>th</sup>

10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

11. Industry or business Retired

Of autopsy X

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs Clara Plinger

(b) Address 820 So Park

17. (a) Burial (b) Date thereof May 27 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Leats & Speaks

(b) Address Independence, Mo.

19. (a) May 28 40 (b) H. L. Cook  
(Date received local registrar) (Registrar's signature)

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? 360

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. Grubbe (M. D. or other) \_\_\_\_\_

Address Independence Mo Date signed 5/27/40

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

**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.