

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

FILED DEC 11 1940

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of place)
 (c) Name of hospital or institution:
3611 Walnut Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME Dr. Frederick Marshall Planck

3. (b) If veteran, name war None 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 Mrs. Nellie R. Planck 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 25 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

12. Name Unknown Planck

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

14. Maiden name Louise Webb

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

16. (a) Informant Mrs. F. M. Planck

(b) Address 3611 Walnut St.

17. (a) Cremation (b) Date thereof Nov. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-14-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3611 Walnut Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th
 year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 12, 1940, to Nov 13, 1940, that I last saw him alive on Nov 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 wks

Due to Chronic myocarditis

Due to 59

Other conditions Diabetes
(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 L. A. Martin (M. D. or other) _____

Address 11/14/40 Date signed _____

