

No. 2
13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38908

State File No.

Registrar's No.

FILED DEC 10 1940

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 2801 Connecticut Ave.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution NO
(If not in hospital or institution, write street number or location)

In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2801 Connecticut Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Marilyn Joyce Plagmann

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1940 hour 4 minute A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife NO

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased October 28 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 28, 1940, to Nov 20, 1940, that I last saw her alive on Nov 22, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
25 hr. min.

Immediate cause of death
Myocardial infarction & cerebral aneurysm

Due to congestive heart failure

Other conditions (Include pregnancy within 3 months of death) 157 P

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

10. Usual occupation None

Major findings: large aneurysm
Of operations no cord

11. Industry or business None

12. Name Oscar Plagmann

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

14. Maiden name Buelah Brittenham

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

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant Buelah Plagmann

(b) Address 2801 Connecticut Ave. Joplin Mo.

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

(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? 372
(Specify type of place)

18. (a) Signature of funeral director Buelah Plagmann

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 11-23-40 (b) A. D. James
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. D. James (M. D. or D. P.)
Address Joplin Date signed Nov 25 1940

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

MOTHER FATHER

40-12-622

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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, fact should be so stated above.