

MAR 25 1941

State File No. _____

Registration District No. 2610

Primary Registration District No. 5320

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Springcreek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural Springcreek Twp
(If outside city or town limits write "RURAL")
(d) Street No. XX (If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME Herman F. Plank

(b) If veteran, name war XXXX (c) Social Security No. 498-19-9880

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Stafford 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 15 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business XXX

MOTHER FATHER { 12. Name George F. Plank
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mintia Luster
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Brown
(b) Address Salem Mo

17. (a) buried (b) Date thereof Feb 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Herman

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

(b) Address _____

19. (a) 2-16-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1941, to Feb 14, 1941;

that I last saw him alive on Feb 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Labor RFL

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) ✓

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? _____

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

23. Signature [Signature] (M. D. or other) M.D.

Address Salem Mo Date signed 2-15-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

33
00

RECEIVED

District Health Officer No. 5,

District File Number. 341395-

Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.