

No. 2
-13-40
17-39
X23159

FILED MAY 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14942**

Registration District No. **431**

Primary Registration District No. **5595**

Registrar's No. **59**

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Rural Simpson Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson 51
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Simpson Twp.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Barbara Ann Plute
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20
 year 1941 hour 6 minute 15 A.M.

4. Sex Female 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 19 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19, 1941, to April 20, 1941;
 that I last saw her alive on April 19, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hr. <u>45</u> min.

Immediate cause of death Asphyxia
congenital lungs malformation
congenital heart malformation
 Other conditions _____
(Include pregnancy within 6 months of death)

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

Major findings:
 Of operations _____
 Of autopsy _____
 Duration 8 hrs.
PHYSICIAN

 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 12. Name Charles Plute jr.
 13. Birthplace Lexington Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Beulah Belle Welch
 15. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Walton
 (b) Address Rt 2 Warrensburg Mo.

17. (a) Burial (b) Date thereof April 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. Johnson Co.

18. (a) Signature of funeral director Th. H. Wilcox
 (b) Address Warrensburg Mo.

19. (a) April 20 1941 (b) Bertie Gentry
(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?
 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Larry L. Linn (M. D. or other) _____
 Address Warrensburg Date signed 4/21/41

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

RECEIVED
District Health Officer No. 8,
District File Number
3-5-41
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, fact should be so stated above.