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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18325

Registration District No. 5713 Primary Registration District No. 5719 Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Meadville Parson Creek Twp
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME Millard Clyde Plummer

3. (b) If veteran, name war X

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Dec (Month) 23 (Day) 1894 (Year)

8. AGE: Years 46 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Fleming Co (City, town, or county) / Kentucky (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER

12. Name George W. Plummer

13. Birthplace Anderson (City, town, or county) / Indiana (State or foreign country)

MOTHER

14. Maiden name Sarah Ann Johnson

15. Birthplace Bradysville (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Stone Plummer

(b) Address Chillicothe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo

19. (a) May 2 1941 (Date received by registrar) (b) E A Weis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1941 hour 6-30 minute P.M.

21. I hereby certify that I attended the deceased from March 1 1941 to May 24 1941 that I last saw him alive on May 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis — Duration 5 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Lung Caveties

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 (Yes or No) (e) Means of injury

23. Signature E A Weis (M. D. or other) D

Address Meadville Mo Date signed May 24

(Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Smiley, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.