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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21945

Registration District No. 421 Primary Registration District No. 5575 Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) ~~City or town~~ (If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")

(d) Street No. NEAR HILLSBORO, Mo. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARTIN FREDRICH PLASS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M. C.

5. Color or race W.

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

6. (b) Name of husband or wife MINNIE PLASS

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MAY (Month) 23, (Day) 1875 (Year)

8. AGE: Years 66 Months 1 Days #3 If less than one day hr. min.

9. Birthplace NEAR HILLSBORO, Mo (City, town, or county) (State or foreign country)

10. Usual occupation FARMER -

11. Industry or business —

FATHER
12. Name WILLIAM PLASS
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE BOHNE
15. Birthplace ALABAMA (City, town, or county) (State or foreign country)

16. (a) Informant Emma Plase

(b) Address HILLSBORO Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29 1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ JARVIS Mo.

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

(b) Address Kimmswick Mo.

19. (a) 6-28'41 (Date received local registrar) (b) J. E. Rutledge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 23, 1941, to June 26, 1941; that I last saw him alive on June 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	3 days
Due to arteriosclerosis	?
Due to —	
Other conditions — (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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature John F. Rutledge (M. D. or other) M.D.

Address Crystal City Mo Date signed 6/28/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick, Mo.

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

If this body is not embalmed, above space should be left blank.