DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36339

Registration District No. 859 Primary Registration District No. 6130 Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County: Taney

(b) City or town: Rural (Vanoss) (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 years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Taney 106

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

(d) Street No.: Olive Tra 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes name country .....

3. (a) PRINT FULL NAME: Earnest Jackson Pleake

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Floris Pleake

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: May (Month) 22 (Day) 1904 (Year)

8. AGE: Years 37 Months 4 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER
12. Name: E V R Pleake
13. Birthplace: / (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Ernestine Jackson
15. Birthplace: Cass Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Allyn E Pleake
(b) Address: Hollister Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 15 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Gobbler Knob

18. (a) Signature of funeral director: Whitehead Funeral Home
(b) Address: Branson Mo

19. (a) Oct 15 1941 (Date received local registrar) (b) John H Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1941 [redacted] 9 minute P M.

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

Immediate cause of death: Found dead. Cause Unknown ✓

Due to .....

Due to .....

Other conditions: [redacted] (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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): Suicide ✓
(b) Date of occurrence: Oct 14 – 1941
(c) Where did injury occur? ..... (City or town) Taney (County) Mo (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: Pistol ✓

23. Signature: J. J. Duncan (M.D. or other) Act. Coroner
Address: [redacted] Hardtsville Mo Date signed: 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1653
Date Filed NOV 5 1941

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 the above constitutes grounds for revocation of license.)

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

. No. 2B
—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 36339

Registration District No. 859 Primary Registration District No. 6130 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Cleney 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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Earnest Jackson Pleake

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 22 1880
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 10-15-1941 (Date received local registrar) (b) John H Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1941 hour minute M.

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

Immediate cause of death found dead
cause unknown

Due to supposed to have taken
Poison

Due to Suicide

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

163 H

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

(a) Accident, suicide, or homicide (specify) Suicide

(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 S P Wirch Justice Peace Act Coroner (M. D. or other)

Address Branson MO Date signed 10/14/41

SUPPLEMENTARY