. No. 2
—4-13-40
5-17-39
I X23159

Ernest Plummer

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37459

State File No.

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4254

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County 17
(c) City or town Norborne,
(If outside city or town limits, write "RURAL")
(d) Street No. - 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Earnest H. Plummer,

3. (b) If veteran, name war Unknown

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Baxter Plummer

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

7. Birth date of deceased May (Month) 25 (Day) 1895 (Year)

8. AGE: Years 46 | Months 5 | Days 19 | If less than one day hr. min.

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

10. Usual occupation Farmer,

11. Industry or business x

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

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

16. (a) Informant Mrs. Catherine B. Plummer,
(b) Address Norborne, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 11-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Norborne, Missouri,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-15-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14-41
year hour minute 4:45 A.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 Duration

Due to Transverse Myelitis Cervical

Due to Fracture of 6th Cervical Vertebra

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

Major findings:
Of operations 186a

Of autopsy 39

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) Accident
(b) Date of occurrence 11-7-41 017
(c) Where did injury occur? Carrol Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm (Specify type of place)
While at work? (e) Means of injury Fall on Bldg

23. Signature Russell W. [illegible] (M. D. or other)
Address K C Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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. 1413

P. O. Address R. F. D. No. 1

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.