No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5566

State File No.

FILED MAR 16 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 943

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

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: 3601 East 28th Street, / (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: 14 months,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48 7

(c) City or town: Kansas City, 8 (If outside city or town limits, write "RURAL")

(d) Street No.: 3601 East 28th St., (If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Mahala Ozburn Plasmyer

3. (b) If veteran, name war: no.

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

4. Sex: Female /

5. Color or race: White

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

6. (b) Name of husband or wife: ~~John~~ August Plasmyere

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

7. Birth date of deceased: March (Month) 25 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 1D If less than one day ___ hr. ___ min.

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

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Wesley McDonald,
13. Birthplace: Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Nelson,
15. Birthplace: Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Paul I. Ozburn,
(b) Address: 3601 E. 28th St., K.C., Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof: 3-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: LeRoy, Kansas,

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

19. (a) 3-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1942, to March 5, 1942 that I last saw him alive on March 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	2 days
Due to: Cerebral Hemorrhage	13 days
Due to: Hypertension Cardio vascular Renal Disease	3 yrs.
Other conditions (Include pregnancy within 3 months of death): 131a	

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 M. Powers (M. D. or other) M.D.
Address: 3221/2 E. 27th Date signed: 3/6/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. John M. Powers,
27th & Indiana
1, P.M.

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 Felix Reiz

Licensed Embalmer No. 4L27

P. O. Address K. C. Mo

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.