

14275

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED MAY 20 1942Registration District No. 297Primary Registration District No. 3016Registrar's No. 34

1. PLACE OF DEATH:

(a) County Franklin.
 (b) City or town Washington.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
912 W. 5th St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None.
 (Specify whether
 In this community 34 years.
 years, months or days)

3. (a) PRINT FULL NAME Frank Henry Plessner.3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Caroline L. Plessner 6. (c) Age of husband or wife if alive deceased
 7. Birth date of deceased September 22nd, 1863.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>15</u>hr.min.

9. Birthplace Lyon, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Shoe-worker.11. Industry or business X12. Name Unknown.13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)14. Maiden name Riedemann.15. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)16. (a) Informant Edwin W. Plessner(b) Address 912 W. 5th St., Washington, Mo.17. (a) Burial (b) Date thereof Apr. 9th, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington, Mo.18. (a) Signature of funeral director Nieburg & Vitt, Inc.,
Washington, Mo.(b) Address Washington, Mo.19. (a) April 7 1942 (b) Ruelle Ruetter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 912 W. 5th St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1942 hour 5:00 minute 35 A. M.21. I hereby certify that I attended the deceased from NOV. 28
1941 to April 7, 1942
that I last saw him alive on April 6th
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma involving prostate, colon, larynx. Duration 2yrs

Due to

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature E. C. Gannon (M. D. or other) OO.Address 309 W. Fourth Washington, MO Date signed 4/7/42

(Licensed Embalmer's Statement on Reverse Side)

1181

Fennel

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 Me

Lester A. Pitt
working under my personal supervision.

Registered Apprentice No.

Signed

Lester A. Pitt
Licensed Embalmer No. 3254

P. O. Address Washington, D.C.

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.

Registration District No. 297 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington
 (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)

3. (a) PRINT FULL NAME Frank H Plesner

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 w

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

7. Birth date of deceased Sept 22 1863
 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 13 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;

that I have seen him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Prostate, Colon, Larynx
Carcinoma of Prostate
Carcinoma of Colon
(3) " " Larynx

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

Major findings: Of operations _____

Of autopsy _____

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 Ch. Plesner (M. D. or other) _____
 Address Washington MD Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

