

Registration District No. 746

Primary Registration District No. 6979

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Bunker, Mo.
(c) Name of hospital or institution: Carroll Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Bunker, Missouri
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME AGNES Sylvesta Plymale

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-16-5058

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 14 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business no

MOTHER FATHER { 12. Name Francis Green Plymale
13. Birthplace West Fork, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edith Moore
15. Birthplace West Fork, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Green, Plymale

(b) Address Bunker, Missouri

17. (a) Bunker (b) Date thereof Feb. 22, 1942
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Cemetery

18. (a) Signature of funeral director Robert S. Shattuck

(b) Address Salem, Mo.

19. (a) Mar 19 1942 (b) Mar Emy Wellington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20, year 1942 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 18, 1942 to Feb. 20, 1942 that I last saw her alive on Feb. 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to _____
Due to _____

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

Major findings: Of operations 926
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. L. Henson (M. D. or other) _____
Address Bunker, Mo Date signed 2-20-42

RECEIVED

District Health Officer No. 5,

District File Number

642398

Date Filed

8-6-42

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.....

N. D. Hobson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

N. D. Hobson

Licensed Embalmer No.....

928

P. O. Address.....

Salem Me.

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, above space should be left blank.