V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27084

State File No.

Registration District No. 108 Primary Registration District No. 4179 Registrar's No. 26

35
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0

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath 9. M
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Glenn Highfill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Senath Campbell 0
(If outside city or town limits, write "RURAL")
(d) Street No. Mo
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Wm Pleasant

3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Neta Pleasant
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased APRIL (Month) — 7 (Day) — 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	19	hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Gas Station Op.
11. Industry or business "
FATHER
12. Name Lee Pleasant
13. Birthplace uk. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Ella Hooper
15. Birthplace uk. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Neta Pleasant
(b) Address Campbell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Campbell
18. (a) Signature of funeral director Landers Funeral H.
(b) Address Campbell Mo.
19. (a) 8-29-42 (Date received local registrar) (b) H. O. Terry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1942 hour 1942 minute 2:30 A. M.

21. I hereby certify that I attended the deceased from July 2, 1942 to August 25, 1942
that I last saw him alive on August 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Carcinoma	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46b

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 Robert E. Martin (M. D. or other)
Address Senath Missouri Date signed 8-29-42

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1296

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 942-1168
Date Filed 9-8-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.