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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27183

State File No.

Registration District No. ~~318~~ Primary Registration District No. 2000 Registrar's No. 619

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Monett 1
(If outside city or town limits, write "RURAL")
(d) Street No. 211½ Fifth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Robert Eugene Planchon
3. (b) If veteran, name war None
3. (c) Social Security No. 495-07-7495
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased December (Month) 4 (Day) 1920 (Year)

8. AGE:	Years	Months	Days	If less than one day
	21	8	16	hr. min.

9. Birthplace Monett Township - Barry Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Defense work
11. Industry or business
FATHER
12. Name Henry Planchon
13. Birthplace Monett Twp Barry Co Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fern May Chumbley
15. Birthplace Aldrich Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Henry Planchon
(b) Address 211½-5th st Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Waldensian Cemetery
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 8-22-42 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1942 hour 2:00 minute A.M.
21. I hereby certify that I attended the deceased from 8-14, 1942 to 8-20, 1942
that I last saw him alive on 8-20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Myocarditis	2 days
Due to Lobar Pneumonia	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

104

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 E. E. Gray M.D. (Address other)
Address Springfield Mo. Date signed 8-22-42

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(Licensed Embalmer's Statement on Reverse Side)

SEP 1 61942

AUG 11 1956

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 Floyd L. Calloway, Registered Apprentice No. ~~2066~~, working under my personal supervision.

Signed Floyd L. Calloway

Licensed Embalmer No. 2066

P. O. Address Monett 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.