

FILED NOV 4 1942
Registration-District No. 218

Primary Registration District No. 3017

Registrar's No. 124

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(c) Name of hospital or institution:
Home - 603-7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 - years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 603 - 7th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Lillie Smith Plumlee
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 21
year 1942 hour 1 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Towll F. Plumlee
(c) Age of husband or wife if alive 18 years
7. Birth date of deceased October 18 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1st
1942 to Oct 21 1942
that I last saw her alive on Oct 21 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 no 3 hr. min.

Immediate cause of death Carcinoma of Colon 2 months
Due to Generalized Carcinomatosis

9. Birthplace Republic, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to H62
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name George Logan
13. Birthplace Green Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Erla Blashers
15. Birthplace Lawrence Co., Mo.
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of Colon
Of operations Spread to Mentum.
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Towll F. Plumlee
(b) Address 603 - 7th St, Boonville, Mo.
17. (a) Burial (b) Date thereof Oct. 23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem, Cassville, Mo.
18. (a) Signature of funeral director J. M. ...
(b) Address Boonville, Mo.
19. (a) Oct 21 - 42 (b) Dr. Chas. S. ...
(Date received local registrar) (Registrar's signature)

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)
Means of injury _____
23. Signature Dr. W. Blashers, M.D.
Address Boonville, Mo. Date signed 10.21.42

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-42

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 L. H. Ireland

Licensed Embalmer No. 1399

P. O. Address Highway 100

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.