

FILED NOV 12 1942

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McFarland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three days
(Specify whether years, months or days)

In this community three days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Franklin Plank

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minti Luster

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Aug 16 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>2</u>	hr. _____ min.

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Benedict Plank

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

14. Maiden name Mary Martin

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

16. (a) Informant Dorothy Brown

(b) Address Salem Mo

17. (a) burial (b) Date thereof 10/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Round Pond Cam.

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 10-19-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1942 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-15, 1942 to 10-18, 1942
that I last saw him alive on 10-18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions gza!
(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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 10-20-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

86
22
2

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

Carl H. Jones

Licensed Embalmer No. *2370*

P. O. Address *Salina 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, above space should be left blank.