. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11756

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community Died in ambulance while being transported from Arkansas to K.C. Mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Washington

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Plummer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lydia Ann Smith

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

7. Birth date of deceased September (Month) 16 (Day) 1870 (Year)

8. AGE: Years 72 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Springdale (City, town, or county) / Arkansas. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Stockman.

FATHER
12. Name Frank M Plummer
13. Birthplace (City, town, or county) / Tenn (State or foreign country)

MOTHER
14. Maiden name Hannah Price
15. Birthplace (City, town, or county) / Tenn. (State or foreign country)

16. (a) Informant Roy Plummer
(b) Address Springdale, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 7 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Springdale, Ark.

18. (a) Signature of funeral director Callison & Reg 98
(b) Address Springdale, Ark

19. (a) 2-17-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Feb 7, 1943 to Feb 7, 1943 that I last saw him alive on Dead when I saw him and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Sudden
Due to ✓	
Due to ✓	
Other conditions None known. (Include pregnancy within 3 months of death)	

83a

Major findings:
Of operations ✓
Of autopsy ✓

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 W. Love (M. D. or other) MD
Address Nevada, Mo Date signed 2/7/43

1381

(Licensed Embalmer's Statement on Reverse Side)

Dis... Officer No. 7

District ... Number 2-43-49

Date Filed 3-5-43

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~~ Maurice H Russell, ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed Maurice H Russell

Mo. Licensed Embalmer No. 3544 Ark #500

P. O. Address Springdale, Ark

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.