V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17619

FILED JUN 1943

Registration District No. 70 Primary Registration District No. ~~5282~~ 5280 Registrar's No. 47

23
0
0

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

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Lincoln Twp. (Rural)
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark 23 0

(c) City or town Medill, Mo. 0
(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 0

3. (a) PRINT FULL NAME Charles Franklin Plenge

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 20 (Day), 1943 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	3 hr. 45 min.

9. Birthplace Clark Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name August L. Plenge
13. Birthplace Kahoka Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Elizabeth Hayden
15. Birthplace Clark Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant August L. Plenge
(b) Address Medill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Cem.

18. (a) Signature of funeral director T J Karea
(b) Address Kahoka Mo

19. (a) 6-3-43 (Date received local registrar) (b) Perry S. Borton (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from May 20, 1943, to May 20, 1943 that I last saw him alive on May 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth	
Due to His mother having measles.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Perry S. Borton (~~M. D. or other~~) D.O.

Address Kahoka Date signed 5-21-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-990
Date Filed JUN 7 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.