

FILED JUL 21 1943

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5485-197

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF BIRTH:

(a) County Cape Girardeau  
(b) City or town Allenville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Entire Life years, months or days

3. (a) PRINT FULL NAME Ray Edward Plumb

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 8 years (Day) (Year)

7. Birth date of deceased April 8 1933 (Month) (Day) (Year)

8. AGE: Years 10 Months 2 Days 6 If less than one day hr. .... min.

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

10. Usual occupation School Boy

11. Industry or business

12. Name John Plumb

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

14. Maiden name Beith Lape

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

16. (a) Informant John Plumb

(b) Address Allenville Mo.

17. (a) Burial (b) Date thereof June 16 1943 (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation King's Indemnity

18. (a) Signature of funeral director McComb

(b) Address Jackson Mo.

19. (a) 716-143 (b) G. H. Maese (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Allenville Mo.  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 th. year 1943 hour 1 minute 45 p.m.

21. I hereby certify that I attended the deceased from 19 to 19 ;

that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death. Accidental Drowning

Due to Seizure of Cramps

Due to 187-3

Other conditions. (Include pregnancy within 3 months of death) 36

Major findings: Of operations. ....

Of autopsy. ....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident D/B

(b) Date of occurrence June 14 1943

(c) Where did injury occur? Allenville Cape Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Old Drovers Channel (Specify type of place)

While at work? No. Means of injury Drowning

23. Signature Dr. J. F. Sigmond (M.D. or other)

Address Jackson Mo. Date signed 6/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1600

1128

(Licensed Embalmer's Statement on Reverse Side)

*Jacqueline Stewart, M.D.*  
State Registrar.

**RECEIVED**

District Health Officer No. 4  
District File Number 243-2461  
Date Filed 7-19-43

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**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..... *B.A. Meyer*.....

Licensed Embalmer No. 3057.....

P. O. Address *Jackson 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.**