

No. 2
5-42
-17-39
X32973

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32080

State File No.

Registration District No. 204

Primary Registration District No. 4315

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town La Plata
(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 75 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Lalata 2
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME Jann Florence Shouse

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1943 hour 8 minute 30.0 M.

21. I hereby certify that I attended the deceased from Sept. 25, 1943 to Sept. 30, 1943.
that I last saw her alive on Sept. 30, 1943
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Walter Shouse

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

7. Birth date of deceased Aug - 3 - 1868
(Month) (Day) (Year)

Immediate cause of death Uremia, Chronic interstitial nephritis.

8. AGE: Years Months Days If less than one day

75 1 27 hr. 0 min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

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

10. Usual occupation Housewife at home

11. Industry or business _____

MOTHER FATHER

12. Name John M. Plummer

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

14. Maiden name Sumner Atchery

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Otis D. Overidge

(b) Address Lalata Mo

17. (a) Burial (b) Date thereof Oct 3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lalata

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 E. St. Bernery (M. D. Mo)
Address La Plata Mo Date signed 10-2-43

18. (a) Signature of funeral director D. J. Christie

(b) Address Lalata Mo

19. (a) Sept 30 43 (b) Maria Louch
(Date received local registrar) (Registrar's signature)

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

1339

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1945

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 D. S. Christie
Licensed Embalmer No. 1109
P. O. Address La Plata 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.