

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35242

State File No. \_\_\_\_\_

Registrar's No. 245

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you want

FILED NOV 12 1943 209

Registration District No. \_\_\_\_\_

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1700 Crescent Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 121 North Seventh  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Wilson Plowman

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 24, 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Insurance & Real Estate

11. Industry or business Building & Loan

12. Name James Plowman

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

14. Maiden name Amelia Mullholland

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

16. (a) Informant E.M. Plowman

(b) Address 121 N. Seventh Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 9-4-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 9-1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 months

Due to Coronary sclerosis 2 yrs

Due to General arteriosclerosis 2 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 94a

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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Francis Judicial (M. D. or other) MD  
Address Hannibal Mo Date signed 9-3-43

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

MOTHER FATHER

1146.

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**STATEMENT BY LICENSED EMBALMER**

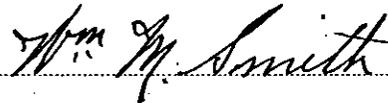
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Georget. T. Bond.....

, Registered Apprentice No..... 350

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.**