

No. 2
1-2-43
5-17-39
X35927

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3818

State File No. _____

FILED DEC 8 1943

Registration District No. _____

Primary Registration District No. 4198

Registrar's No. 63

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(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 ENTIRE LIFE. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(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 _____

3. (a) PRINT FULL NAME HENRY WILLIAM 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 MARRIED
6. (b) Name of husband or wife LAURA HOLT 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased NOVEMBER 11 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 29 ✓ hr. - min.

9. Birthplace OWENSVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name FRED PLUMMER
13. Birthplace BREMEN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name WILHELMINA KEIMMHAER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. GEORGE BUCHHOLZ

(b) Address OWENSVILLE, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEMETERY

18. (a) Signature of funeral director Miller H. Winter

(b) Address Owensville, Mo.

19. (a) Nov 13, 1943 (Date received local registrar) (b) Myrtle M. Wendel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10th
year 1943 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from July, 1928, to NOV 10, 1943
that I last saw him alive on NOV. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs.

Due to Hypertension & Arterial Sclerosis

Due to Diabetes

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 Charles Schmitt (M. D. or other) Address Gerard, Mo. Date signed 11/12/43

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

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Melford H. Winter
Licensed Embalmer No. 3838

P. O. Address Owensville 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.