

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett E. I. ST.  
(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 None  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Dunklin  
(c) City or town Kennett 303 E-6-<sup>35</sup> ST.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 E-4<sup>2</sup> ST.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM B. PLUMLEE  
(b) If veteran, name war Mo  
3. (c) Social Security No. Mo

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Georgia (c) Age of husband or wife if alive \_\_\_\_\_ years  
Ellie Plumlee  
7. Birth date of deceased July 28 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Wm. B. Plumlee  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Wm. B. Plumlee  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Edna Miller  
(b) Address Kennett Mo 1-3-44

17. (a) Burial (b) Date of death 1-3-44  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation St. Paul's Church

18. (a) Signature of funeral director W. B. Plumlee  
(b) Address Harnerville Mo

19. (a) 1-25-44 (b) Julia Blank  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 1  
year 19-44 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from see  
10 - 1943 to Jan 1st 1944  
that I last saw him alive on Jan 1st 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

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

(a) Accident, suicide, or homicide (specify) no  
(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 Boel Goodman (M. D. or other) MD  
Address Kennett Mo Date signed 1-4-44

Duration

21 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 244-251

Date Filed 2-3-44

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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.....

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.**