

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4816

State File No.

FILED JAN 21 1944

Registration District No. 374

Primary Registration District No. 6273 4547

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant city, mo.
(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 1
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME

Isaac Elson Pletchall

3. (b) If veteran,
name war.

3. (c) Social Security
No.

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

6. (b) Name of husband or wife Annie L. Pletchall 6. (c) Age of husband or wife if
alive 70 years

7. Birth date of deceased July 14 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 7
If less than one day
hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name John Pletchall

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

14. Maiden name Mary Brown

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

16. (a) Informant Delbert Pletchall

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pletchall Cemetery

18. (a) Signature of funeral director John C. Dingle

(b) Address Grant city, Mo.

19. (a) 12-24-1943 (b) Arline Schellen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County North
(c) City or town Grant city, 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 12 day 21
year 1943 hour 9 minute 5 A.M.

21. I hereby certify that I attended the deceased from 12-1
43 to 12-21 1943
that I last saw him alive on 12-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia 4 yrs

Due to ✓

Due to 1620

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) ✓

(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 Arline Schellen Date signed 12-22-43
Address Grant city, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

13

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

Frank C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address *Hiant City, 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.