

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14959

State File No.

Registration District No. 181

Primary Registration District No. 5594

Registrar's No. 16-4

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST JOSEPH'S HILL INFIRMARY EUREKA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ELEVEN DAYS, 11 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN 36
(c) City or town WASHINGTON MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No. 907 W. 7 ST. WASHINGTON MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY LOUIS PLACKMANN

3. (b) If veteran, name war NO 3. (c) Social Security No. 722E

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased 3 17 1929
(Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name FRED PLACKMANN
13. Birthplace Washington Mo. (City, town or county) (State or foreign country)
14. Maiden name LOUISE WEBBINK
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Brother Gabriel D. St.

(b) Address St Josephs Hill Eureka

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director [Signature]

(b) Address Washington Mo

19. (a) 3/18/44 (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1944 hour _____ minute 11:42 A.M.

21. I hereby certify that I attended the deceased from MARCH 11- 1944, to MARCH 18 1944 that I last saw him alive on MARCH 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

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) _____

(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 Jose S. Sargent (M. D. or other)

Address Eureka Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

386

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

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.....

[Signature]....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
[Signature]

Licensed Embalmer No. 3464

P. O. Address. Washington 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.