

FILED AUG 11 1944

Registration District No. **7**

Primary Registration District No. **4061**

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

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Braymer, Daviess Co.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Braymer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community life - 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Braymer, Daviess Co.
(If outside city or town limits, write "RURAL") 13
(d) Street No. 13
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DORA REBECCA PLUMMER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1944 hour 7 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 3
1944 to June 6 1944
that I last saw her alive on June 6 1944
and that death occurred on the date and hour stated above.

4. Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ed Plummer 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: June 9 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis stroke

8. AGE: Years 66 Months 11 Days 27
If less than one day hr. min.

Due to Carcinoma of Lungs unknown

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

Due to Acute Primary Acemia 4 wks

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Wm R Wright

Of autopsy

13. Birthplace Unknown a
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bennett

15. Birthplace Unknown a
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Plummer

(b) Address Braymer, Mo.

17. (a) Buried (b) Date thereof 6/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Bert H. Neal

(b) Address Braymer, Mo.

19. (a) 6/7/44 (b) E A Thompson
(Date received local registrar) (Registrar's signature)

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?

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

23. Signature John R. Crank D. of Health

Address Braymer, Mo. Date signed 6-7-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

1151

28

1004

OCT 1 1947
SEP 22 1947

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 *Bernard J. [Signature]*

Licensed Embalmer No. 2501

P. O. Address *[Signature]*

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.