S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24854

Registration District No. 18

Primary Registration District No. 5572

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prarie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Oak Grove
(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 Louisa Margaret Plummer

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 29th (Day) 1870 (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Oak Grove (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business House wife

FATHER
12. Name Lark Williams Webb
13. Birthplace ✓ (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sarah White
15. Birthplace ✓ (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Elizabeth King
(b) Address Bates City Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Collins - Colo

18. (a) Signature of funeral director Mrs J B Webb & Son
(b) Address Oak Grove Mo

19. (a) June 10, 1944 (Date received local registrar) (b) F. M. Schick by E. Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1944 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from 6-7-44, 19 to 6-8, 1944 that I last saw her alive on 6-8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus — Duration 3 da

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) accident

(b) Date of occurrence May 23 1944

(c) Where did injury occur Oak Grove (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home in bath room (Specify type of place)

While at work? no (e) Means of injury Lacerating forehead from fall

23. Signature [signature] (M. D. or other)

Address Rev. Hartwell Date signed 6/8/44

116 2 (Licensed Embalmer's Statement on Reverse Side)

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 R Blerbb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.