V. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25828

Registration District No. 324 — Primary Registration District No. 3072 — Registrar's No. 142

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE
(c) City or town MARSHALL (If outside city or town limits, write "RURAL")
(d) Street No. 784 W JACKSON (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRED A. Plains
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SARAH PATTERSON
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb (Month) 23 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	7	— hr. — min.

9. Birthplace HOWARD Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
FATHER
12. Name W. C. Plains
13. Birthplace HOWARD Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name LILLIAN MILLER
15. Birthplace HOWARD Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant MRS Fred Plains
(b) Address MARSHALL Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Ridge Park~~ Sunset Memorial Gardens
18. (a) Signature of funeral director Don SHORT
(b) Address MARSHALL MO
19. (a) 8-30-44 (Date received local registrar) (b) Mrs T. O. Woolstock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1944 hour 9 minute 8 M.
21. I hereby certify that I attended the deceased from Mar 25 44 to July 20 1944 that I last saw him alive on July 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma at Lung — Duration 6 Mos
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)
(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 [signature] (M. D. or other)
Address Marshall Date signed 7/24/44

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-44

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 .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Don Short

Licensed Embalmer No. 3757

P.O. Address Marshall 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.