

U. S. No. 2  
DOM-5-43  
ev. 5-17-39  
No 1 X36671

30273

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **3740**

**FILED SEP 26 1944**

Registration District No. .... Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)  
 In this community 18 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6808 Cleveland  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

**3. (a) PRINT FULL NAME** CHARLES BETTRAM PLANK  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widower Divorced Widower  
 6. (b) Name of husband or wife Mary Louise  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased May 7, 1867  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Sept. day 14 year 1944 hour 9 minute 15 P. M.

I hereby certify that I attended the deceased from Sept. 21 - 1943 to Sept. 14 - 1944; that I last saw him alive on Sept. 14 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion - Left Ventricular Failure Duration 24 hrs.

**8. AGE:** Years 77 Months 11 Days 7 If less than one day — hr. — min.

Due to 94a

9. Birthplace Waynesburg, Pa.  
(City, town, or county) (State or foreign country)

Other conditions Coronary Sclerosis years —  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Telegraph Operator  
 11. Industry or business Western Union

Major findings: Of operations —  
 Of autopsy —  
 PHYSICIAN —  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 12. Name Peter Lahannan  
 13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Plank  
 (b) Address Wathena, Kansas  
 17. (a) Removal (b) Date thereof 9/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wathena, Kansas

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? —

18. (a) Signature of funeral director C. H. Blackman & Son  
 (b) Address Kansas City, Mo.  
 19. (a) 9-15-44 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature E. J. Schindler (M. D. or other) D.O.  
 Address 4218 Shirkerts Bldg. Date signed 9/15/44

**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: *H. S. Bleckman*

Licensed Embalmer No. *3639*

P. O. Address. *K. C. 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.**

*Franklin City*