

FILED OCT 1 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two-one half hours
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter 18
(c) City or town Ellsimore 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Plocki, Solomon Samuel
3. (b) If veteran, name war..... 3. (c) Social Security No. 356-07-5119
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased March 31 1878
(Month) (Day) (Year)

20. DATE OF DEATH: Month Sept. day 10
year 1945 hour 9 minute PM
21. I hereby certify that I attended the deceased from 9/10/45, 19... to 9/10/45, 19...
that I last saw him alive on 9/10/45, 19... and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 5 Days 10 If less than one day
hr. _____ min. _____

Immediate cause of death Acute laryngeal Obstruction Duration 3 hrs
Due to Carcinoma of larynx ? 8 mo

9. Birthplace Zgierz Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Casemaker
11. Industry or business.....
12. Name Plocki, Joshua
13. Birthplace Zgierz Poland
(City, town, or county) (State or foreign country)
14. Maiden name Plocki, Rebecca
15. Birthplace Zgierz Poland
(City, town, or county) (State or foreign country)

Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: 47a
Of operations.....
Of autopsy Confirmation of above

16. (a) Informant None in this country
(b) Address Poland or France
17. (a) Burial (b) Date thereof Sept 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director P. Quiret
(b) Address Columbia
19. (a) 9-13 45 (b) Mrs R. E. Palmer
(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?
While at work? (Specify type of place) (c) Means of injury.....
23. Signature William T. Moore (M. D. or other) M.D.
Address State Cancer Hospital Date signed 1945

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

Vanburen

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.....

No Embalming

....., Registered Apprentice No.

working under my personal supervision.

Signed *Robert*

Licensed Embalmer No. *3183*

P. O. Address *Columbia 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.