

No. 2  
-5-42  
5-17-39  
1 X32873

State File No. ....

FILED NOV 19 1945

Registration District No. ....

Primary Registration District No. 5413

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 24

(c) City or town Squires, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Ollive Plumb

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Martin Plumb

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 10, 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1945 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>18</u>	hr. .... min.

Immediate cause of death acute Coronary Failure 20 min

Due to .....

Due to .....

Other conditions strengthened Heart  
(Include pregnancy within 3 months of death)

9. Birthplace Christian County, Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations .....  
Of autopsy 1220

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

11. Industry or business .....

MOTHER FATHER { 12. Name Isaac Thomas

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Whiteacre

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Turner

(b) Address Squires MO.

17. (a) Burial (b) Date thereof 11-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) Nov. 1 - 1945 (b) Uelal Bushman  
(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? (c) Means of injury .....

23. Signature M. S. Bentley (M. D. or other) O  
Address 10 30 754 Date signed .....

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

RECEIVED

District Health Officer No. 6;

District File Number 1145-1099

Date Filed NOV 14 1945

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 *W B Hutchinson*  
Licensed Embalmer No. *3431*  
P. O. Address *Orad 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.