

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** JAN 21 1945  
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kennett City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**In Car at: T.B. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **34 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kennett City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1008 Norton** **8**  
(If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marvin Eugene Plaskett**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** **23rd** day  
year **1945** hour **3** minute **15 P.** M.  
21. I hereby certify that I attended the deceased from **Nov-8**  
\_\_\_\_\_, 19 **45** to **Dec 23**, 19 **45**  
that I last saw him alive on **Dec 23**  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Opal Plaskett**  
6. (c) Age of husband or wife if alive **50** years  
7. Birth date of deceased **Jan 25 1890**  
(Month) (Day) (Year)

Immediate cause of death  
**Mitral Stenosis**  
**Auricular Fibrillation**  
Duration  
**1 year**  
**Weeks**

8. AGE: Years Months Days If less than one day  
**55** **10** **28** hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
**926**

9. Birthplace **Miss. 0**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Greer man**  
11. Industry or business **Self**  
12. Name of father **Samuel R. Plaskett**  
13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johnson**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Opal Plaskett**  
(b) Address **1008 Norton**  
17. (a) ~~Burial~~ **Cremation** (b) Date thereof **Dec 26 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Glacial Hill**  
18. (a) Signature of funeral director **Mr. C. L. Foster**  
(b) Address **718 Brooklyn**  
19. (a) **12-26-45** (b) **Steraldine Holmes**  
(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) (e) Means of injury **0**  
23. Signature **C. W. Rose** (M. D. or other) **MD**  
Address **1037 E. Elmwood** Date signed **12/24/45**

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

100372

~~Pa 4191~~

334  
Dorothy  
Bennett

Bennett

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..... *Cortland Munn* .....

Licensed Embalmer No. *3414* .....

P. O. Address..... *918 Brooklyn* .....

*H. Allen*

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.