

FILED FEB 15 1946

Registration District No.

Primary Registration District No. **4547**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Grant city**
(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 **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles Elmer Pletchall

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife **Zula Pletchall**

6. (c) Age of husband or wife if, alive **50** years

7. Birth date of deceased **Oct 15 1893**
(Month) (Day) (Year)

8. AGE:

Years **52** Months **2** Days **22**

If less than one day hr. min.

9. Birthplace **Grant city**
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Michel Pletchall**

13. Birthplace **unknown**
(City, town, or county)

Arkansas
(State or foreign country)

14. Maiden name **Rebecca Stark**

15. Birthplace **North**
(City, town, or county)

Mo
(State or foreign country)

16. (a) Informant **Zula Pletchall**

(b) Address **Grant city, Mo.**

17. (a) **Burial** (b) Date thereof **1-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pletchall Cem.**

18. (a) Signature of funeral director **W. C. Duffee**

(b) Address **Grant city, Mo.**

19. (a) **Jan 9, 46** (b) **L. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **North**
(c) City or town **Grant city**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **7**
year **1946** hour **6** 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.

Immediate cause of death **Coronary Occlusion**

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **940**

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:

(c) 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 **Bentley Neal** (M. D. or other) **D.O.**

Address **Grant City, Mo.** Date signed **1/9/46**

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.