S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4675

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 157

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2805 Frederick Ave NURSING HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. R. 5 So 11th St Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Margarett Plumlee
3. (b) If veteran, name war — NONE
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 Abraham
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased May (Month) 21 (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Berryville (City, town, or county) Ark (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name William Gosorth
13. Birthplace Berryville (City, town, or county) Ark (State or foreign country)
14. Maiden name Lucy Unknown
15. Birthplace --- (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Abraham Plumlee
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Freeman & Son Inc
(b) Address St Joseph Mo.
19. (a) Feb. 5, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 25, 1946 to Feb 4, 1946 that I last saw him alive on Feb 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	4 da.
Due to: Chr. Bronchitis - yrs.	
Due to: Frequent Asthma	
Other conditions (Include pregnancy within 3 months of death): Chr. myocarditis	

Major findings:
Of operations
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:
(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)
(e) While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address St. Joseph, Mo Date signed 2-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

3699

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.