

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

FILED MAR 18 1946

Registration District No. 39 Primary Registration District No. 4097

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Queen's Hospital
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether)
 In this community 23 years
(years, months or days)

3. (a) PRINT FULL NAME Edith Allen Plumb
 3. (b) If veteran, name war L
 3. (c) Social Security No. L

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, *married, divorced widowed
 6. (b) Name of husband or wife Phillip S Plumb
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased Dec 11 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months — Days 21
 If less than one day — hr. — min.

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

10. Usual occupation House wife

11. Industry or business Soloman Callan

12. Name Soloman Callan

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

14. Maiden name Margaret Ann

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

16. (a) Informant Bertha L. Plumb

(b) Address 604 W. Mechanic St.

17. (a) Harrisonville (b) Date thereof Mar 5 1946
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial Orient Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
HARRISONVILLE, MO.

(b) Address 35-46

19. (a) 35-46 (b) Anna J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
 (c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 604 W. Mechanic
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
 year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 26 to March 3, 1946
 that I last saw him alive on March 3, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis, Myocardial degeneration
 Due to Edematous embolism

Duration
18 months
6 months
4 years

Due to —
 Other conditions —
(Include pregnancy within 3 months of death)

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? —

While at work — (Specify type of place) (c) Means of injury —
 23. Signature Dr. E. H. Jones (M. D. or other) —
 Address Harrisonville Date signed 3/5/46

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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 _____
Ernest Rummelburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.