

S. No. 2
M-2-43
7-17-39
X13597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12770

State File No. _____

FILED MAY 2 1946

Registration District No. _____

Primary Registration District No. 3020

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME THERESA MARIE PLASSMEYER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Casper Plassmeyer 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Thomas Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Henry Marff
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ben Plassmeyer
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville Catholic Cem.

18. (a) Signature of funeral director Richard H. Winter
(b) Address Owensville, Mo.

19. (a) 4/12/46 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 37
(c) City or town Owensville 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 8 minute 57 P.M.

21. I hereby certify that I attended the deceased from 4-4 1946, to 4-9 1946
that I last saw h. alive on 4-9-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hr

Due to Arterio sclerotic Cardiovascular Disease 4 yrs
Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations [Signature]
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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) [Signature]
Address Union Date signed 4-10-46

(Licensed Embalmer's Statement on Reverse Side)

11675
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

99

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-1-46

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 Me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Melvin N. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.