

FILED JAN 14 1947

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five weeks
(Specify whether
In this community Forty years
years, months or days)

3. (a) PRINT FULL NAME Fern May Planchon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 1 5. Color or race Wh. 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Henry Planchon 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 29 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Aldrich Paek Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Albion Eugene Chumbley

13. Birthplace Paek County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Latta Goodman

15. Birthplace Aldrich Paek Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Planchon
(b) Address 211 1/2 5th St. Monett Mo.

17. (a) Burial (b) Date thereof Jan 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waldensian - S of Monett

18. (a) Signature of funeral director Cullerways
(b) Address Monett Missouri
19. (a) 1-4-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 211 1/2 5th St 1
(If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from May
1946 to Dec 31 1946
that I last saw or alive on 12-31-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - g ovary metastatic to liver
Due to and lung

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 49A
Of autopsy _____

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 _____
23. Signature Frank M. West (M. D. or other)
Address Monett Mo Date signed 1/11/47

Duration
Underline the cause to which death should be charged statistically.

12

JAN 29 1947

RECEIVED
District Health Officer No. 6,
District File Number 147-84
Date Filed JAN 10 1947

AUG 11 1959

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 J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.