

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40986
Registrar's No. 177

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Home for Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yr 9 mo 5
(Specify whether
In this community 16 yrs
years, months or days)

3. (a) PRINT FULL NAME Joyce Plunkett
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 4-20-1886
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 13
If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business unknown

MOTHER FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Records J. County Home
(b) Address Independence Mo R.R. 4
17. (a) Rural (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lynne Mo
18. (c) Signature of funeral director W.B. Zaherford
(b) Address Lees Summit Mo
19. (a) 12-5-46 (b) Ronald C. Emanuel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C., Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 130 Bellair
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 3
year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1-1-46 19. to 12-3-46 19.
that I last saw him alive on 12-3- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ASD
Of autopsy _____

Duration
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 0
23. Signature J. Plunkett (M. D. or other) no
Address Bellevue Mo Date signed 12/4/46

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

MAY 2 1991

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..... *N.B. Langford*

Licensed Embalmer No. *3833*

P. O. Address..... *Lee's Summit, 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.