No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16510

FILED JUN 4 1947

Registration District No. 38 — Primary Registration District No. 5120 — Registrar's No. 154

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 63 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: Monterey 999
(c) City or town: Monterey Park, Calif. 11
(If outside city or town limits, write "RURAL") 1
(d) Street No.: 200D N. Lincoln 0
(If rural, give location)
(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: DONALD DELBERT PLAMANN
3. (b) If veteran, name war: None
3. (c) Social Security No.:

4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Florence Palmer Plamann
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 5 (Month) - 28 (Day) - 1915 (Year)

8. AGE: Years 31 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Kansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk - Metal Supply Co.
11. Industry or business .....

MOTHER FATHER
12. Name: Delbert Plamann 7
13. Birthplace ..... (City, town, or county) (State or foreign country)
14. Maiden name: Myrtle 7
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Donald D. Plamann
(b) Address: Monterey Park, California
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5 (Month) 26 (Day) 47 (Year)
(c) Place: burial or cremation: Forest Park Mem. Glendale California
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 5-26-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 24 year: 1947 hour: 2 minute: 15 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple fractures
Due to .....
Due to: Automobile wreck
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 10
(b) Date of occurrence: May 24 - 1947
(c) Where did injury occur? 9 mi South Columbia (County) Boone (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #63 (Specify type of place)
While at work? ..... (e) Means of injury: 3

23. Signature: L Ward Coroner (M. D. or other)
Address: Columbia Mo Date signed: 5/25/47

Raw off Roadway

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 1947

MAR 11 1948

JUL 15 1947

JUL 15 1947

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 Chas L. Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.