

Registration District No. _____ Primary Registration District No. 3187

16
3

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Allenville Mo
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution 12 day
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Allenville
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country none

3. (a) PRINT FULL NAME SUSIE - MARIE - PLUMB
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2
year 1947 hour 11 minute 0 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.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leon Plumb
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased September 1 1910
(Month) (Day) (Year)

Immediate cause of death Thermal Injury & Shock
Due to 3rd degree Burns

8. AGE: Years Months Days If less than one day
37 0 1 hr. _____ min. _____
9. Birthplace Allenville Mo
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation house wife
11. Industry or business _____
12. Name J. J. Devore
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown
16. (a) Informant Leon Plumb
(b) Address Allenville Mo
17. (a) Burial (b) Date thereof 9-3-1947
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director W. H. Kelley
(b) Address Allen Mo
19. (a) 9-6-47 (b) D. S. Steuber
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
18 1/2
15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 2, 1947
(c) Where did injury occur? Allenville Cape Girardeau Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Home when her clothing caught fire
While at work? no (Specify type of place) (Means of injury) Fire
23. Signature Dr. J. F. Sigmond
Address Jackson Mo Date signed 9/6/47

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23. Signature Dr. J. F. Sigmond
Address Jackson Mo Date signed 9/6/47

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

RECEIVED

Health Officer No. 4

File Number 947-1164

9-10-47

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.