S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31576

FILED SEP 19 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 197

49
1
3

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 427 Wooster St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 427 Wooster 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Marion Edward PLUME

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Donna Curtis Plume

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January (Month) 21 (Day) 1880 (Year)

8. AGE: Years 67 Months 7 Days 19 If less than one day ....hr. ....min.

9. Birthplace Yocum, (City, town, or county) Texas. (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Donna C. Plume
(b) Address 427 Wooster Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 12 47
(c) Place: burial or cremation I.O.O.F. Cemetery Mt. Vernon, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 9-12-47 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 1 39

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th.
year 1947 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 4 1946, to Sept. 9 1947;
that I last saw him alive on Sept. 8 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	30 hrs.
Due to: Coronary heart disease Atherosclerosis	2-3 years?
Due to	
Other conditions: Angina pectoris (Include pregnancy within 3 months of death)	2 mo.?

Major findings:
Of operations
Of autopsy 94A

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Charles H. Isbell (M. D. or other) M.D.
Address 347 S. Main, Carthage Date signed Sept. 12, 1947

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

47-9-764

NOV 24 1958

JUN 27 1958

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.