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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 209

Primary Registration District No. 5761

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Rural, Liberty Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Liberty Township 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Martha E. Plymate

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Calvin Plymate

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

7. Birth date of deceased September 27 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 19 hr. \_\_\_\_\_ min.

9. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Tate  
13. Birthplace Virginia /  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Rogers  
15. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Pennewell  
(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 1/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director James Barr  
(b) Address Palmyra, Mo.

19. (a) 1-20-48 (b) Dwala Green  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1948 hour 3 minute 15 p. m.

21. I hereby certify that I attended the deceased from Several years 19\_\_\_\_ to Jan 12 1948  
that I last saw her alive on Jan 13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia 100%  
Due to Hypertension

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Palmyra Mo Date signed 1/17/48

FEB 5 1948

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

Signed Robert Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.**