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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 12 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12204

Registrar's No. 346

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. Johns 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Min. (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield 5
(If outside city or town limits, write "RURAL") 6

(d) Street No. 216 Haydon 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Perry Ploger

3. (b) If veteran, name war No

3. (c) Social Security No. 500-01-9854

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Georgia May Ploger

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 4 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	19	hr. min.

9. Birthplace Blackburn, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Adolph Ploger 4
13. Birthplace Holland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Haggard
15. Birthplace ? ? ? (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Georgia May Ploger
(b) Address 216 Haydon, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director W. L. Dunn
(b) Address 623 W. Walnut, Springfield, Mo.

19. (a) 4/26/48 (Date received local registrar) (b) W. E. Handley (Registrar's signature) 10 D 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Unattended, 19 by to physician, 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 W. E. Handley local registrar (M. D. or other)

Address Springfield Mo Date signed 4/26/48

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

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 W. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.