S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12833

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1414

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ROBINSON CLINIC O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 DAYS (Specify whether
In this community 18 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS

(c) City or town AVA 34
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME J. CHINNEROTH PLUMB

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE O

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased AUGUST (Month) 20 (Day) 1894 (Year)

8. AGE: Years 53 | Months 7 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace AVA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name MOSE PLUMB
13. Birthplace UNKNOWN (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name CALADONIA SURGUINE
15. Birthplace AVA (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. Orpha Toothman
(b) Address Morrisville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation AVA, MISSOURI

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 3-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31st year 1948 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ___, 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: Sub dural hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1860 39
Of autopsy yes as above

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) accident 123

(b) Date of occurrence 3-17-48

(c) Where did injury occur? KC (City or town) Jackson (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature James Walker (M. D. or other) Coroner

Address 1424 [illegible] Date signed 3-31-48

(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. D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address. Kansas City, 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.