

FILED SEP 13 1948

Registration District No. **1000**

Primary Registration District No. **3018**

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

**1. PLACE OF DEATH:**  
(a) County Dent  
(b) City or town Salem  
(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 Dent **33**  
(c) City or town Salem **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **1**  
(e) Citizen of foreign country? No. (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James Marion Plank  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 2  
year 1948 hour 7 minute 00 P.M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dora T Plank  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased May 10 1867  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Jun. 15, 1945, to Aug 30, 1948  
that I last saw him alive on Aug 30, 1948; and that death occurred on the date and hour stated above.

**8. AGE:** Years 51 Months 3 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cardiac failure  
Due to arteriosclerosis

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

Due to Traumatic  
Other conditions (Include pregnancy within 3 months of death) Spastic paralysis

**10. Usual occupation** Retired  
**11. Industry or business** \_\_\_\_\_  
**12. Name** James Plank  
**13. Birthplace** Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Susan Morrison  
**15. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations Asphyxia  
Of autopsy 27

**16. (a) Informant** Dora T. Plank  
(b) Address Salem Missouri  
**17. (a) Burial** (b) Date thereof Sept 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cedar Grove Cemetery

**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? \_\_\_\_\_

**18. (a) Signature of funeral director** Hobson & Brantley  
(b) Address Salem Mo.  
**19. (a) Sept 3-48** (b) M.M. Hart MO  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
**23. Signature** M.M. Hart MD (M, D, or other)  
Address Salem Mo. Date signed 9/3/48

**PHYSICIAN**  
Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED 9-7-48  
District Health Officer No. 51  
District File Number 948552  
Date Filed 9-8-48

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 Edward F. Brigger  
Licensed Embalmer No. 4553  
P. O. Address Salina 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.**