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FILED NOV 5 1948

Registration District No. 2592

Primary Registration District No. 5780

Registrar's No. 53

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town RURAL SABINE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 1/2 mi - N - SPRING - GARDEN  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Lifetime 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thornton Johnson - Plummer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife Bertha - Plummer 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH - 23 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 3 If less than one day - hr. - min.

9. Birthplace Cole - Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation FARMER - (DEN)

11. Industry or business FARMING -

12. Name Nicholas - Plummer

13. Birthplace unknown Ky (City, town, or county) (State or foreign country)

14. Maiden name MARtha - Johnson

15. Birthplace unknown Ky (City, town, or county) (State or foreign country)

16. (a) Informant Josephine - Atkinson -

(b) Address ELDON Mo

17. (a) BURIAL (b) Date thereof Oct - 28 / 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRING GARDEN

18. (a) Signature of funeral director Keith M. Faye

(b) Address ELDON Mo

19. (a) 10 - 25 - 48 (b) Oliveretta Walth  
(Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi N. SPRING GARDEN  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1948 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 1, 1948, to Oct 26, 1948 that I last saw him alive on Oct 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 1 Week  
Due to Stagnation that nutrition 6 Months  
frank phobia of deglutition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 936

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) (c) Means of injury 2

Signature M. E. Humphrey (M. D. or other) D.O.  
Address Columbia, Mo. Date signed 10-27-48

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 9  
District File Number NOV 4 1948  
Date Filed

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.