

FILED JUN 10 1943

Registration District No. 2179

Primary Registration District No. 5-2914141

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Cole Co.
(b) City or town Centertown, Mo. Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole
(c) City or town Centertown, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 Centertown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion Parker Plaster
3. (b) If veteran, name war No 3. (c) Social Security No. 507.05.6082

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jeniva Plaster 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec 10 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 21 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Melton Plaster

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

14. Maiden name Unknown

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

16. (a) Informant Stacy Plaster

(b) Address Centertown MO

17. (a) Burial (b) Date thereof June 2, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, MO, Cem

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, MO.

19. (a) 6/3/43 (b) J. P. Witthaus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from May 21
19.43 to May 31 19.43
that I last saw h. im alive on May 30 19.43
and that death occurred on the date and hour stated above.

Immediate cause of death Artriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 J. P. Witthaus (M. or other) 2 D.O.

Address California Date signed 6/11/43

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

600

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: *Earl R. Borulin*

Licensed Embalmer No. *2126*

P. O. Address *California, Ill*

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.