

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13356

1. PLACE OF DEATH **Veterans' Administration Hospital**

County **Jackson**

Registration District No. ....

File No. ....

Township **Kaw**

Primary Registration District No. ....

Registered No. ....

City **Kansas City, Mo.**

(No. **Veterans' Hospital**)

St. ....

Ward) ....

2. FULL NAME **PLATT, George Lantz**

**C-None**

**202-10**

(a) Residence, No. **3022 Ames**

St. ....

Ward. **Seaman 2/c U.S.N.**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Divorced</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 17, 1894</b>				
7. AGE	YEARS <b>39</b>	MONTHS <b>2</b>	DAYS <b>28</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Salesman</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Manhattan Kansas</b>				
FATHER	13. NAME <b>Unknown</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
MOTHER	15. MAIDEN NAME <b>Unknown</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
17. INFORMANT <b>Hospital Records</b> (ADDRESS) <b>K.C. Mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Manhattan, Kansas</b> DATE <b>4-15-33</b>				
19. UNDERTAKER <b>Freeman Mortuary</b> (ADDRESS) <b>.....</b>				
20. FILED <b>4-75</b> 19 <b>33</b> <b>M. M. Crowe</b> <b>Registrar.</b>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 15**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **January 27**, 19**33** to **April 15**, 19**33**  
I last saw him alive on **April 15**, 19**33** Death is said to have occurred on the date stated above, at **1:05 A.M.**  
The principal cause of death and related causes of importance were as follows:

<b>Carcinoma of bladder</b>	Date of onset <b>Unknown</b>
<b>Hemorrhage from bladder &amp; kidneys.</b>	<b>Unknown</b>
<b>Pyelonephritis</b>	<b>Unknown</b>

Other contributory causes of importance:  
**Cystostomy** Date of **3-28-33**  
Name of operation **Operation** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) **W. E. Chambers**, M. D.  
**W. E. CHAMBERS, Med. Officer in Charge**  
(Address) **Vet. Adm. Hospital, Kansas City, Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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