

1939 JAN 8 1943

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

44306
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 677
 (b) Township 1 Primary Registration District No. 4403
 (c) City Rolla (d) Street No. McCarland Hospital Registered No. 140
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 10 (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Madine Luima Platt
 (a) Residence, No. Box 607 Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 8 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl
 9. Industry or business in which work was done, as 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) Bankton Mo
 FATHER 13. NAME Colmanus Benjamin Pratt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bankton Mo
 MOTHER 15. MAIDEN NAME Rue Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bankton Mo
 17. INFORMANT (ADDRESS) C. B. Pratt
Bankton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bankton, Mo DATE Dec. 11, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl Adams
Bankton Mo
 20. FILED Dec. 9 1939 Joe F. Oyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1939, to Dec 9, 1939
 I last saw her alive on Dec 9, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza 11/8
A nonspecific meningitis contributory.
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic both of no.
serum spinal fluid
 23. If death was due to external causes (violence), list 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 _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Dr. J. McCarland, M. D.
Rolla Mo
 (Address)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.