

FILED MAR 19 1941

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

7918

Do not use this space.

1. PLACE OF DEATH

(a) County PlatteRegistration District No. 725(b) Township CenterPrimary Registration District No. 5956Registered No. 87(c) City Platte(d) Street No. Platte Co Infirmary St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Blanco 7th St. Blanco, Mo

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 78

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner 9. Industry or business in which work was done, as saw mill, bank, etc. Cement mill 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 22 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland13. NAME unk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 915. MAIDEN NAME unk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 917. INFORMANT (ADDRESS) C.P. Gattman
Center, Mo18. BURIAL, CREMATION, OR REMOVAL Platte Co Infirmary DATE Mar 3 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Blanco
Center, Mo20. FILED 2/10 1941 Missouri
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1941

22. I HEREBY CERTIFY, That I attended deceased from

Mar 11 1940 to Mar 2 1941I last saw him alive on Jan 27 1941 Death is saidto have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy 10-10-40

Other contributory causes of importance:

Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? Urg. Exam 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 _____

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? No

If so, specify _____

(Signed) C.H. Gattman M.D.(Address) Center, Mo.

RECEIVED

District Health Officer No. 10

District File Number 3-41-603

Date Filed MAR 14 1941

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.