

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

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs  
(c) Name of hospital or institution: Saratoga Apartments  
(d) Length of stay: In hospital or institution Saratoga  
In this community Excelsior Springs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(c) City or town Plattsburg Mo 23  
(d) Street No. 3  
(e) Citizen of foreign country? (Yes/No) No  
If yes, name country

3. (a) PRINT FULL NAME Catherine R Shiples  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 17  
year 1942 hour 4 P.M. minute  M.  
21. I hereby certify that I attended the deceased from January 12, 1942 to January 17, 1942  
that I last saw her alive on Jan. 17, 1942  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White  
6. (a) Single, widowed, married, divorced 9  
6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Aug 26 1853  
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia  
Due to Acute Influenza  
and cold for 2 week  
Duration 6 days  
Other conditions old age  
(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 5 Days 11  
If less than one day 0 hr. 0 min.

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

10. Usual occupation House wife  
11. Industry or business " "  
12. Name John Rapp  
13. Birthplace Not known  
14. Maiden name " "  
15. Birthplace " "

Major findings: Of operations ✓  
Of autopsy ✓  
33a  
PHYSICIAN 33a  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs May A Lemmes  
(b) Address 3742 Baltimore St. Mo  
17. (a) Burial (b) Date thereof Jan 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lathrop Mo.  
18. (a) Signature of funeral director Jas. R. Martin  
(b) Address Plattsburg Mo.  
19. (a) Jan. 18 1942 (b) Sadie Redman  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence X  
(c) Where did injury occur? (City or town) (County) (State) X  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X  
While at work (Specify type of place) X  
Means of injury X  
23. Signature John W. Grace (M. D. or other) MD  
Address Excelsior Springs Mo Date signed 1/18-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-10-42

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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 \_\_\_\_\_

working under my personal supervision.

*Jas L. Martin*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*Jas L. Martin*

Licensed Embalmer No. 860

P. O. Address Plattsburgh, 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.