

FILED FEB 27 1942
Registration District No. **293**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **16 days**
(Specify whether years, months or days) **7 wks.**

3. (a) PRINT FULL NAME **Francis Wayne Platter**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **NONE** years
7. Birth date of deceased **Nov. 20, 1941**
(Month) (Day) (Year)

8. AGE: Years **1** Months **21** Days **1** If less than one day hr. min.

9. Birthplace **Eldon Mo. U**
(City, town, or county) (State or foreign country)

10. Usual occupation **-**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Garland Platter**
13. Birthplace **Eldon Mo. U**
(City, town, or county) (State or foreign country)
14. Maiden name **Alta Cotter**
15. Birthplace **Bagnell Mo. U**
(City, town, or county) (State or foreign country)

16. (a) Informant **Garland Platter**
(b) Address **Bagnell Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 12 '42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lamb Cem.**

18. (a) Signature of funeral director **Keith M. Kay**
(b) Address **Calder, Mo.**

19. (a) **Jan 11-1942** (b) **Norma Riches**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(c) City or town **Bagnell**
(If outside city or town limits, write "RURAL")
(d) Street No. **-** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **10**
year **1942** hour **8** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Jan 6th** 19**42** to **Jan 10th** 19**42**
that I last saw him alive on **Jan 10th 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Surgical Shock** Duration **4 hrs**

Due to **Operation for Intestinal Obstruction**
Due to **Typhoid Pleurisy**

Other conditions (Include pregnancy within 3 months of death) **157g-2**

Major findings: Of operations **typhoid pleurisy, Intestinal Obstruction**
Of autopsy **-**

PHYSICIAN **-**
Underline cause to which death should be charged statistically.

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 **Thomas Kelly** (M. D. or other) **-**
Address **Jefferson City Mo** Date signed **Jan 11 1942**

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

6
5
4

11/11/42

U

1942

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..... *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address..... *Eldon, 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.