

FILED JUN 3 1942

5924/418

Registration District No. 696

Primary Registration District No.

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Platte City Veterans Camp 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Since Mar. 31, 1942 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte 83
 (c) City or town Platte City, Mo. 0
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country

3. (a) PRINT FULL NAME Charles Jones.
 3. (b) If veteran, name war World War. 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15
 year 1942 hour 6 minute 50 A.M.
 21. I hereby certify that I attended the deceased from, 19....., to, 19.....
 that I last saw h..... alive on, 19.....
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased April 2, 1899
(Month) (Day) (Year)

Immediate cause of death gun shot wound in right side of heart and its appendages. Duration
 Due to 38 cal. pistol
 Due to, 19.....
 Other conditions (Include pregnancy within 3 months of death) 166

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>1</u>	<u>13</u>	<u>6</u> hr. <u>50</u> min.

9. Birthplace Baton Rouge, La. 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Veterans C. C. C. work.

11. Industry or business.....
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Capt. Spalding
 (b) Address Platte City, Missouri.
 17. (a) removal (b) Date thereof 5-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Vet. Cem. Wadsworth Kan.
 18. (a) Signature of funeral director.....
 (b) Address Platte City, Mo.
 19. (a) May 18 1942 (b) Miss Clay Siffle
(Date received local registrar) (Registered signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) homicide
 (b) Date of occurrence May 15, 1942
 (c) Where did injury occur? Platte City, Platte, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes, e.e.c. Camp. 12
(Specify type of place)
 While at work?..... (e) Means of injury gun shot
 23. Signature M. D. Moore (M. D. or other) Physician
 Address Delaware Mo. Date signed 5/15/42

RECEIVED

District Health Officer No. Platte
District File Number 6-42-45
Date Filed 6-1-42



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 E. Benjamin Cart
Licensed Embalmer No. 4059
P. O. Address Platte City, 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.