

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20735

State File No. _____

FILED JUN 26 1942 85
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 576

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 So 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 years (Specify whether
In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 So 11th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 3 minute _____ P. M.
21. I hereby certify that I attended the deceased from
4-28 1942 to June 11 1942
that I last saw him alive on June 8 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Tom Platnico
(b) If veteran, name war No (c) Social Security No. No

Immediate cause of death
Coronary occlusion

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Platnico
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased ? ? 1867
(Month) (Day) (Year)

Due to Chronic myocarditis

8. AGE: Years 75 Months ? Days ?
If less than one day _____ hr. _____ min.

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Peddeler

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Platnico

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Platnico

(b) Address 1218 So 11th, St Joseph

17. (a) Burial (b) Date thereof June 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Calhoun

19. (a) June 12, 1942 (b) St Joseph, Mo CLERK
(Date received local registrar) (City, town, or county)

PHYSICIAN
Underline the 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) (c) Means of injury _____

23. Signature J. J. Francis (M. D. or other) _____

Address 612 Francis Date signed 6-12-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

John H. Stanley

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 22639

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1218 So 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 So 17th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tom Platnico

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Platnico 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 75- Months ? Days ? (If less than one day _____ min.)

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

10. Usual occupation Retail Peddler

11. Industry of business _____

12. Name Harry Platnico

13. Birthplace Russia (City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Platnico

(b) Address 1218 So 17th St Joseph

17. (a) Burial (b) Date thereof June 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Sholem

18. (a) Signature of funeral director Pheman S. Sone

(b) Address 1916 Cahoon

19. (a) 6-12-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-28 to June 11, 1942
that I last saw him live on June 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Chronic myocarditis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 W. K. Sabitini (M. D. or other) MD
Address 620 Francis Date signed 6-12
1942

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

MOTHER, FATHER,

SUPPLEMENTARY

S-26739