

S. No. 2
DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4736
Registrar's No.

FILED DEC 3 1943
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1035 Westover Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community all his life, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Beverly Crump Platt

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Platt

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 29 1876
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>66</u> | <u>11</u> | <u>8</u> | hr. min. |

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

10. Usual occupation Realtor

11. Industry or business X

12. Name M. R. Platt

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

14. Maiden name Beverly Helm

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

16. (a) Informant Mrs. Mary Platt

(b) Address 1035 Westover Road, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City

19. (a) 11-8-43 (Date received local registrar)

(b) D. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1035 Westover Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1943 hour 9:00 minute 8 a. m.

21. I hereby certify that I attended the deceased from 7-26, 1943 to 11-7, 1943
that I last saw him alive on 11-3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 8 days

Due to Arteriosclerosis
metastatic carcinoma of the prostate

Due to 5/5

Other conditions (include pregnancy within 3 months of death)

Major findings: Stenosis mitralis
Of operations Stenosis
Of autopsy none

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?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature [Signature] (M. D. or other)

Address Red Bldg. City Date signed 11-8-43

Croff
Blatz

Dr. Claud Hunt

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.

Registered Apprentice No.

Signed *[Signature]*

Licensed Embalmer No. *1415*

P. O. Address *[Signature]*

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.