

S. No. 2
OM-5-43
v. 5-17-39
I X38671

17833

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1944

Registration District No. Primary Registration District No. 3016

Registrar's No. 125

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

654

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(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 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osa go

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

(d) Street No. Near Rich Fountain, Mo
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph John Platt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 16th, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Rich Fountain, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Antone Platt

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Fisher

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Antone Platt

(b) Address Rich Fountain, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/44
(Month) (Day) (Year)

(c) Place of burial or cremation Rich Fountain, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Lyon, Mo.

19. (a) 5-31-44 (Date received local registrar) (b) Therma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1944 hour 5 minute 56 P. M.

21. I hereby certify that I attended the deceased from May 23 1944 to May 30 1944
that I last saw him alive on May 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of the urinary bladder

Duration _____

Due to _____
Dependent uremia

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

Major findings: Of operations Ca. of Bladder

Of autopsy _____

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)

(e) Means of injury _____

23. Signature J. Ossman M.D. (M. D. or other) 3-31-44

Address Jefferson City Date signed _____

494 (Licensed Embalmer's Statement on Reverse Side)

Thos

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 6-5-44

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 Walter Morton

Licensed Embalmer No. 4125

P. O. Address Lin

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.