

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 28104

Primary Registration District No. 4416

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Je nnie Hanley

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 30 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 21 hr. min.

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

10. Usual occupation Lived at home

11. Industry or business

12. Name John Joseph Hanley
13. Birthplace Roscommon, Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Lily Lewis Ragan
15. Birthplace Platte Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. W. Cline
(b) Address Platte City, Missouri

17. (a) burial (b) Date thereof 5-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Juran R. Mark
(b) Address Reelhu? Mitchell Gladcity

19. (a) 5-23-44 (b) Mrs Clay Spiano
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 16 1944, to May 21 1944,
that I last saw her alive on May 21 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis & Shock

Due to Probable Mesenteric Thrombosis 6 hrs

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 Edward W. Cline (M. D. or other) M.D.
Address Platte City, Mo Date signed June 1, 1944

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1209

RECEIVED

District Health Officer No. Platte Co.
File Number 6-44-54
6-3-44

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

Francis M. Giffie

Registered Apprentice No. 361

working under my personal supervision.

Signed

Vivian R. Nash

Licensed Embalmer No.

3947

P. O. Address

Edgerton 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.