

S. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 4 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 10448

Registration District No. 280

Primary Registration District No. 59594416

Registrar's No. 8

003  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Platte

(b) City or town Platte City, Mo. Fairview  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ 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") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no 3 (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles Partney

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 3 day 4  
year 1945 hour 7 minute 30 AM.

**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 white

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

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

7. Birth date of deceased: unknown  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to ANGINA PECTORIS

Due to CORONARY THROMBOSIS

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**8. AGE:** Years 69 Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farm laborer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Deary Loulin

(b) Address Platte City, Mo.

17. (a) burial (b) Date hereof 3-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte County Cemetery

18. (a) Signature of funeral director Raelin & Mitchell

(b) Address Platte City, Mo.

19. (a) 3-6-45 (b) Mrs. Clay Siffes  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

(c) 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 Tom H. Hulitt 3 CORONER  
(Name or other) Address PLATTE CITY, MO. Date signed 3-4-45

Duration \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platte Co. Health Unit  
District File Number 4-45-40  
Date Filed 4-2-45

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. Giffel....., 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.