

FILED AUG 13 1945

Registration District No. 157

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 3320 Prospect Ave. 7  
(If rural, give location)

(e) Citizen of foreign country? No. 1  
(Yes or No)

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

3. (a) PRINT FULL NAME EDNA HETTIE PLATT

3. (b) If veteran, name war None

3. (c) Social Security No None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry C. Platt

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 25, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>12</u>	hr. _____ min.

9. Birthplace Galena, Kansas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Scott Parker

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

14. Maiden name Dora Belle McIntyre

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

16. (a) Informant Harry C. Platt

(b) Address 3320 Prospect Ave., Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) July 9, 1945 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7,  
year 1945 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from July 6 1945 to July 7 1945  
that I last saw him alive on July 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
1 of causes of death  
(Acute Pericarditis)

Due to Operative myocardial infarction  
blood stasis and rupture

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

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

Of autopsy 129

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Mode 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) Means of injury ?

23. Signature E. C. Ulmer (M. D. or other) \_\_\_\_\_  
Address Carthage Date signed 7/9/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1203

45-7-610

**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 Edell...

Licensed Embalmer No. 2222

P. O. Address Carthage

**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.**