

FILED DEC 12 1945

Registration District No. _____

Primary Registration District No. **5247**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Chariton**

(b) City or town **Rural Salisburys Twp**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **20 years**

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Charitoy**

(c) City or town **Rural** **21**
(If outside city or town limits, write "RURAL")

(d) Street No. **R. 7 S Salisburys**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Harry Plattner**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **10TH**
year **1945** hour **12** minute **35 A** M.

21. I hereby certify that I attended the deceased from **NOV. 9TH**
5 PM to **NOV. 10, 12:35 PM** **45**
that I last saw him alive on **NOV. 9** **1945**
and that death occurred on the date and hour stated above.

4. Sex **MSU** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

(b) Name of husband or wife **Melissa Plattner** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Feb 2 - 1870**
(Month) (Day) (Year)

Immediate cause of death **CORONARY SCLEROSIS**

Due to **CHRONIC MYOCARDITIS** YEARS

8. AGE: Years **73** Months **9** Days **8** If less than one day _____ hr _____ min.

9. Birthplace **Jacksonville** (City, town, or county) **Ill** (State or foreign country)

10. Usual occupation **Farmer**

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

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name **John A. Plattner**

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

14. Maiden name **Kate Hunt**

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

Major findings: Of operations _____

Of autopsy **920**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Melissa Plattner**

(b) Address **Salisbury Mo**

17. (a) **Cremation** (b) Date thereof **11 12 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo**

18. (a) Signature of funeral director **Geo Blunk**

(b) Address **Salisbury Mo**

19. (a) **11-10-45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **2**

23. Signature **E. L. Eichhorn** (Registrar)

Address **SALISBURY Mo** Date signed **Nov 10 1945**

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

12-11-48

JUN 6 1959

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.....

Chas. H. Winkelmeyer

Licensed Embalmer No.....

3842

P. O. Address.....

Salisbury 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.