

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20454
Registrar's No. 2857

FILED JUL 10 1946

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 200 S. Askew
(If rural, give location)

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

3. (a) PRINT FULL NAME Angeline Justine Planchet

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jules Planchet

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

7. Birth date of deceased Oct. 22 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>4</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business At home

MOTHER FATHER

12. Name Antoine Laynaud

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

14. Maiden name Lucie Clavel

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

16. (a) Informant Mrs. Arthur Bonne

(b) Address 200 S. Askew

17. (a) Burial (b) Date thereof June 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Floral Home

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 6-27-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 19, 1946 to 6-26, 1946

that I last saw h. alive on June 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Interochontane fracture Pat Femur

Due to 2 Congestive Heart failure

Due to 3 Uremia

Other conditions 18 days - 5

(Include pregnancy within 3 months of death)

Major findings:
Of operations 18

Of autopsy 18

Duration

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) 1 2 3

(b) Date of occurrence 6-19-46

(c) Where did injury occur? K.C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place?

(Specify type of place)

While at work? no (c) Means of injury Fall

23. Signature Burrell Pipkin (M. D. or other)

Address 236 Annaple Bldg Date signed 6/27/46

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 W. Blackman

Licensed Embalmer No. 3639

P. O. Address A. C. M.

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.