S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED OCT 9 1946

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30025

Primary Registration District No. 2000

Registrar's No. 775

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
Springfield Baptist Hospital O
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

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

(d) Street No. 1145 N. Grant Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Fay E. Platte

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 Fred Platte Jr.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 13 (Day) 1891 (Year)

8. AGE: Years 55 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name A. J. Rountree

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

14. Maiden name Sophrona Zongher

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

16. (a) Informant Fred Platte Jr.

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Mo.

19. (a) 9-27-46 (Date received local registrar) (b) W. S. Handley, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 25 year 1946 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from Sept 16 1946 to Sept 25 1946 and that I last saw her alive on Sept 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Granuloma of Brain — Duration

Due to

Due to Convulsions 5 d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy YES

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury

23. Signature S. F. Freeman (M. D. or other)

Address Springfield Mo. Date signed 9-26-46

111 (Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.