

FILED FEB 24 1947

Registration District No. 4

Primary Registration District No. 1000

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2211 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 Francis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Prescott Platt

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emory M. Platt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 19 1862
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>7</u>	<u>84</u>	<u>5</u>	<u>21</u> hr. _____ min.

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

10. Usual occupation Platt Secretarial School

11. Industry or business Education

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Platt
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Heaton & Gals & Bowman
(b) Address St. Joseph, Mo.

19. (a) 2-14-47 (b) K. S. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 27, 1946, to Feb 10, 1947
that I last saw her alive on Feb 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, general Duration 1 yr.

Due to _____
Due to _____

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

Major findings: Of operations 97 Of autopsy _____
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) _____
(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) Means of injury _____
23. Signature P. T. Baskin, Jr. (M. D. or other) _____
Address 706 Monroe Date signed 2-11-47

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

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 Eugene Wood.
Licensed Embalmer No. 3824
P. O. Address 319 So 10th St Joseph, 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.