

**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:  
802 E 11TH STREET 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 50 YEARS  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 802 E 11TH STREET 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** WILLIAM ALBERT SCOTT PLATZ

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

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife FLORA CURRAN PLATZ  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased MARCH 29 - 1858  
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 0  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HOLMES CO OHIO 1  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED SALESMAN

11. Industry or business TRAVELER BAKING CO

12. Name DANIEL PLATZ

13. Birthplace MILLERSBURG OHIO 1  
(City, town, or county) (State or foreign country)

14. Maiden name JULIA ANN WADE

15. Birthplace HOLMES CO OHIO 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara C. Platz

(b) Address 802 E. 11th St T.C. Mo.

17. (a) CREMATION (b) Date thereof MAY-31-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401- BRUSH GREEN BLDG.

19. (a) 5-30-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 29 1947  
 year 1947 hour 3 minute 55 A

21. I hereby certify that I attended the deceased from Jan 10<sup>th</sup>  
1947, to May 25, 1947  
 that I last saw him alive on May 28, 1947  
 and that death occurred on the date and hour stated above

Immediate cause of death Bronchial Pneumonia  
 Due to Senility, malnutrition  
 Due to \_\_\_\_\_

Duration 2 wks

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

Major findings: Of operations 1176

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Of autopsy Bronchial pneumonia, Duodenal ulcers

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 Chas S Kramer (M. D. or other) D.O.  
 Address 500 Bryant Bldg Date signed 5/29/47

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

MOTHER FATHER

500 Bryant Blvd  
9-5:40 P.M.

---

---

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.....

*John E. Praking*  
working under my personal supervision.

....., Registered Apprentice No. *504*

Signed *E. Oscar Stortney*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**