

S. No. 2  
M-2-43  
5-17-39  
I X35697

State File No. ....

FILED MAR 18 1948

Registration District No. 281

Primary Registration District No. 4315

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town La Plata  
(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 and location)

(d) Length of stay: In hospital or institution home  
(Specify whether in this community about 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town La Plata 61  
(If outside city or town limits, write "RURAL")

(d) Street No. 20  
(If rural, give location)

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

3. (a) PRINT FULL NAME Estella Platz

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased: Aug 13 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 6 13 hr. min.

9. Birthplace Knox Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

MOTHER FATHER

11. Industry or business

12. Name Thomas Sleeth 4

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

14. Maiden name Virginia McCaughy 1

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

16. (a) Informant Ed. J. Platz

(b) Address 822 W. Ash St. Columbia Mo

17. (a) Buried (b) Date thereof Feb. 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbian

18. (a) Signature of funeral director D. S. Christie

(b) Address La Plata Mo

19. (a) March 1-1948 (b) Mo. D. of Health  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1948 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 29 1948 to Feb 26 1948 that I last saw her alive on Feb 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary congestion Duration 3 hours

Due to cardiac decompensation 23 months

Due to arteriosclerosis & chronic myocardial disease 10 years

Other conditions Diabetes mellitus 5 years

(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: 61

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 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

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

(Specify type of place) \_\_\_\_\_ (e) Means of injury 2

While at work \_\_\_\_\_

23. Signature Ed. J. Platz (M. D. or other) DO  
Address La Plata Mo Date signed 2/27/48

RECEIVED  
District Health Officer (No. 10)  
District File Number 3-48-502  
Date Filed MAR 15 1948

**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 M. H. McCallum  
Licensed Embalmer No. 2052  
P. O. Address South Suffolk, Va

**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.**