

S. No. 2
M-2-43
5-17-39
X 35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **212832**

FILED APR 17 1948

Registration District No. **949**

Primary Registration District No. **1002**

Registrar's No. **1477**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Keosauqua city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mary Rest Home 3215 Campbell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
10 yrs (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson** **48**
(c) City or town **Keosauqua** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3215 Campbell** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME

Emma J. Platts

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1**
year **1948** hour **2** minute **A** M.
21. I hereby certify that I attended the deceased from **Dec** 1947 to **April** 1948
that I last saw ~~her~~ **her** alive on **October 18** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: **Senile Debility**
Due to **Extreme old age**

Duration

Other conditions: (Include pregnancy within 3 months of death)
Major findings: **162**
Of operations
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? **Home**
While at work? (Specify type of place) (b) Means of injury **2**
23. Signature **John D. Stevens** (M. D. or other) **MD**
Address **1103 E. Armour** Date signed **4-2-48**

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

MOTHER FATHER

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Edward Platts** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Nov 8, 1852**
(Month) (Day) (Year)

8. AGE: Years **95-97** Months **3** Days **22** If less than one day **23** hr. min.

9. Birthplace **Worn County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **unknown**

13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rachel Donohoe**

(b) Address **6201 E 11th**

17. (a) **Burial** (b) Date thereof **4-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlaw Cem**

18. (a) Signature of funeral director **K. E. Platts**

(b) Address **Keosauqua**
19. (a) **4-3-48** (b) **Stardine Holmes**
(Date received local registrar) (Registrar's signature)

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.....

Francis Walter....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. P. [Signature]*.....
Licensed Embalmer No. *2744*
P. O. Address *K.C., 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.