

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8939

State File No. ....

1289

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>54 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>15 West 53rd Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>15 West 53rd St.</b>			

3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) <b>Simpson</b> c. (Last) <b>Platt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 16 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>May 24, 1870</b>		9. AGE (In years last birthday) <b>79 yrs.</b>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Newcastle, England</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
13c. NAME OF HUSBAND OR WIFE <b>FRED T. PLATT</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. CYRUS CRANE</b> ADDRESS <b>1300 LANDBANK BLDG. KANSAS CITY, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs?</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>fall - fractured left hip intra capsular</b>		6 days?	
DUE TO (c) <b>arthritis - arterio sclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>fell about Sat. Mar. 11 - 1950 &amp; broke left hip</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>At home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-11-50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell on floor</b>	

22. I hereby certify that I attended the deceased from **1947, to Mar. 16, 1950**, that I last saw the deceased alive on **Mar. 16, 1950**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert Tutthill</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1211 Rialto Bldg.</b>		23c. DATE SIGNED <b>Mar 16 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>MAR 18 - 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DW. NEWCOMER'S SONS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>3-18-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newcomer Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>			

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Ray.....

Licensed Embalmer No. 4182.....

P. O. Address Kansas City, 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.