

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13204

FILED APR 21 1950

State File No. ....

1448

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1619 Bristol Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1619 Bristol Ave.</u>	

3218

3. NAME OF DECEASED a. (First) <u>Elizabeth</u> b. (Middle) <u>Platter</u> c. (Last) <u>Platter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Andres</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Platter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Platter 1619 Bristol K.C., Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute diabetes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>2 years</u> <u>do not know</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year), (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury</u>	

22. I hereby certify that I attended the deceased from Apr 1948, to Mar 27, 1950, that I last saw the deceased alive on Mar 27, 1950, and that death occurred at 7:50 am. from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Graham M.D.</u> (Degree or title)			23b. ADDRESS <u>518 Argyle Bldg K.C. Mo</u>		23c. DATE SIGNED <u>3-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

DATE REC'D BY LOCAL REG. <u>3-28-50</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp &amp; Sons 4139 Truman Rd. K.C., MO</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

*Chas. W. Adams*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*William H. Eager*

Signed.....

Student Embalmer

Licensed Embalmer No. *4728*

P. O. Address *H. 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.**