

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11944
 Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
 (b) Township Carroll Primary Registration District No. 5924
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 540 James Connelly St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Co. Ky

FATHER 13. NAME No record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓
 MOTHER 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) Mrs. Lee Eskridge
Platte City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE County Home DATE 2-25-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Rollins
Platte City, Mo.

20. FILED 3/10 1939 Mrs. Emma E. Conway Local Registrar
Platte City, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1939
 22. I HEREBY CERTIFY That I attended deceased from Feb. 16, 1939 to Feb. 24, 1939
 I last saw him alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza Date of onset Feb. 15/39

Other contributory causes of importance: Mitral stenosis Dont know

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Spencer R. Adams (Signed) Platte City, Mo. (Address)

Local Registrar
 Licensed Embalmer (Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

License File Number 39-343

FILED APR 12 1939

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,

J. F. Reilly

or by

Registered Apprentice No., working under my personal supervision.

Signed J. F. Reilly

Licensed Embalmer No. 1306

P. O. Address Platt 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, above space should be left blank.