. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18809

State File No.

Registration District No. 427 Primary Registration District No. 5592 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Elm Jackson
(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 or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community —
135

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Elm
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Mary Elizabeth Plattner
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Anton Plattner
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 8 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 23 If less than one day — hr. — min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
MOTHER FATHER
12. Name Joseph Greene
13. Birthplace Unknown (City, town, or county) — (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs C. N. Shepherd
(b) Address Kingsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Elm Cemetery
18. (a) Signature of funeral director J. W. Eastman
(b) Address Holden Mo
19. (a) May 2 1940 (Date received local registrar) (b) Mrs G. V. Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1940 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from June 14, 1938, to May 1, 1940; that I last saw h. alive on April 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to RHC
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rankin (M. D. or Coroner)
Address Holden Mo Date signed 5/2/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 44-37-9
Date Filed

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 T M Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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.