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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30908

FILED OCT 24 1941

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 263

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town RURAL - SALT RIVER TWP
(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 (Specify whether years, months or days)
In this community 44 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Knox
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. S.E. Brashear
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

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3. (a) PRINT FULL NAME LUKE WALTER PLATZ
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GOLDA PARSONS
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased July (Month) 5 (Day) 1897 (Year)
8. AGE: Years 44 Months 2 Days 5 If less than one day hr. min.
9. Birthplace KNOX (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name A. R. PLATZ
13. Birthplace (City, town, or county) IND (State or foreign country)
14. Maiden name AMANDA POWERS
15. Birthplace ADAIR (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs. Golda Platz
(b) Address Kirkland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Locust Hill
18. (a) Signature of funeral director F. R. Copley
(b) Address Brashear Mo.
19. (a) Sept 13/41 (Date received by local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 10, 1941, to, 19..; that I last saw him alive on Sept 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to 940	
Other conditions Hypertension (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 N. E. Cornstubble (M. D. or other) D.O.
Address Brashear, Mo. Date signed 9/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1892
Date Filed OCT 17 1941

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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Bracken, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.