

0. 2,
13-40
17-39
X23159

DEC 18 1946 96

Registration District No. _____

Primary Registration District No. 4418

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Guy Tatman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 16 8:00 hr. 30 min.

9. Birthplace Platte County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name James E. Tatman

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Story

15. Birthplace Clay County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Guy Tatman

(b) Address Platte City, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director E. Benjamin East

(b) Address Platte City, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Platte City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1941 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1941
1941 to Nov. 30, 1941
that I last saw him alive on Nov. 30, 1941
and that death occurred on the date and hour registered above.

Immediate cause of death Cervical Embolism Duration 3 days

Due to _____

Due to _____

Other conditions Carcinoma Throat 4 years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 458
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? _____

While at work _____ (Specify type of place)
(e) Means of injury 0

23. Signature James E. Tatman (M.D. or P.D.)
Address Platte City, Mo. Date signed Dec. 1, 1946

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

MOTHER FATHER

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 *B. Benjamin East*

Licensed Embalmer No. *4059*

P. O. Address *Platte 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39143
Registrar's No. _____

Registration District No. 696

Primary Registration District No. 4418

1. PLACE OF DEATH

(a) County Platte
(b) City or town Platte City
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME My Salzman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15, 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 10 (If less than one day, hr. min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-2-1941 (b) Mrs Francis E. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-39143