

JAN 13 1942 85

Registrar's No. **1203**

Registration District No. _____

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **60 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** //
(If outside city or town limits, write "RURAL")
(d) Street No. **824 Hall St.** 7
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Adelaide Plato**

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

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **December 22 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **24**
If less than one day _____ hr. _____ min.

9. Birthplace **Louisville / Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician - Organ**

11. Industry or business **Cathedral**

12. Name **Fredrick William Plato**

13. Birthplace **Bismark / Prussia**
(City, town, or county) (State or foreign country)

14. Maiden name **Marguerite Baron**

15. Birthplace **Bavaria / Bavaria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Plato**

(b) Address **824 Hall St. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Herman W. Sedulak**

(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **12-17-41** (b) **A. T. H. H. H.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**
year **1941** hour **9** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Dec 16**
19 **41** to **Dec 16** 19 **41**
that I last saw **her** alive on **Dec 16** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Congestive Heart Failure**
Due to **Coronary + Hypertensive Arteriosclerotic Heart Disease**
Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

Of autopsy **Coronary Arteriosclerosis Arteriosclerotic Kidneys**

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 **D**

23. Signature **Harold J. Brown** (M. D. or other) _____
Address **825 Charles St. St. Joseph, Mo.** Date signed **12-17-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

85

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.....

Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.