

15076

State File No. 38
Registrar's No. 27

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942
Registration District No. 617

Primary Registration District No. 4555

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

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.

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town Greasy Fork
(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
In this community Life Time
years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth PLATNER
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 1
6. (b) Name of husband Austin PLATNER 6. (c) Age of husband 27 years if alive
7. Birth date of deceased 6 10 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Greasy Fork, Mo. (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER
12. Name George D. Bullis
13. Birthplace St. Louis, Mo.
14. Maiden name Elizabeth Sylvania Bullis
15. Birthplace Bevada, Mo.

16. (a) Informant's own signature John A. Sweeney
(b) Address Greasy Fork, Mo.

17. (a) Cremation (b) Date thereof 4-19-1942
(Burial, cremation, or other) (Month) (Day) (Year)

18. (a) Signature of funeral director John A. Sweeney
(b) Address Greasy Fork, Mo.

19. (a) Apr 17-1942 (b) Ruler Rowood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton
(c) City or town Greasy Fork
(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. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day Apr.
year 1942 hour 11 minute 50 a. M.
21. I hereby certify that I attended the deceased from Feb 13, 1938, to Apr. 16, 1942;
that I last saw her alive on Apr. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage repeated several times
Due to since above
Due to date

Other conditions (Include pregnancy within 3 months of death)
Major findings: 830
Of operations
Of autopsy

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 R. R. Adams (M. D. or other)
Address Greasy Fork Date signed 4-19-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 542-681

Date Filed MAY 12 1942

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.....

James Rustman....., Registered Apprentice No.....
working under my personal supervision.

Signed James Rustman.....

Licensed Embalmer No. 1917.....

P. O. Address Spokane, Wash......

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.