

MAILED MAR 29 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1182

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cato's Photo Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 47 Days
(Specify whether _____)

In this community: 25 yrs
years, months or days Jeremiah Platt

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3916 Norledge
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Jerry J. Platt

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1945 hour 5 minute 50 M.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clara Platt

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: 9-18-80
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1945, to March 12, 1945; that I last saw him alive on March 12, 1945; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death: Decomposed Myocarditis

Due to: Pneumonia lobar.

Due to: _____

9. (a) Birthplace: Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

Other conditions: Pericarditis
(Include pregnancy within 3 months of death)

11. Industry or business: Oil salesman

12. Name: Jas. Platt

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

14. Usual name: may shoemaker

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

Major findings: 108

Of operations: _____

Of autopsy: _____

16. Informant: Mrs Clara Platt

(b) Address: 3916 Norledge

17. (a) Removed (b) Date thereof: 3/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Paola, Mo.

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? _____

18. (a) Signature of funeral director: Stine-McClure

(b) Address: Kansas City, Mo.

19. (a) 3-13-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury: ?

23. Signature: [Signature] (M. D. or other) 00

Address: 11018 W. W. Rd. Date signed: 3/12/45

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

See 6492 Mrs. White

COUNTY FILED

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

Miss Mo

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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
BUREAU OF VITAL STATISTICS

State of Mo.

State File No. 8752-45

County of Jackson SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1182

On this 19th day of Mar, 1945, before me appears Paul Platt, who, upon his oath, states that the original record of birth death for Jeremiah Platt died 3-12 born 3-13, 1945 in the State of Missouri, and which was filed at K.C. on 3-13, 1945, should be corrected as follows:

- Item No. 3 should read Jeremiah Platt
Instead of Jerry G. Platt
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

*verified by #7874436
#1925620
Prudential Insurance
Police*

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Paul Platt Son
3916 Worledge Relationship.
Present Address.

Subscribed and sworn to before me this 19th day of Mar, 1945.

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

