

No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10332

State File No. \_\_\_\_\_

Registration District No. 280

Primary Registration District No. 4416

Registrar's No. 6-4

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: \_\_\_\_\_  
(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

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) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mary Jane Brightwell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 15, 1843  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
103 7 12 hr. min.

9. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Willis Sharp

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

14. Maiden name Elizabeth Warren

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

16. (a) Informant Mrs. C. P. Rollins

(b) Address Platte City, Mo.

17. (a) burial (b) Date thereof 3-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Rellum - Mitchell

(b) Address Platte City, Mo.

19. (a) Mar 18-47 (b) Mrs. C. P. Rollins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1947 hour 5 minute 25 a.m.

21. I hereby certify that I attended the deceased from Feb. 22  
2 1947 to Mar. 3 1947  
that I last saw h. e. r. alive on March 2, 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary thrombosis Duration 3 day  
phlebitis

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 2

23. Signature W. C. Brink (M. D. or other) D. O.  
Address Platte City, Mo. Date signed 3-15-47

257 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, 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 Frances M. Gipple

Licensed Embalmer No. 4393

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.