

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 28 1946
Registration District No.

Primary Registration District No. **4097**

Registrar's No. **37**

1. PLACE OF DEATH: **Cass**

(a) County **Cass**

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

(c) Name of hospital or institution: **703 East Mechanic**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **At Home**
(Specify whether)

In this community **80 years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**

(c) City or town **Harrisonville**
(If outside city or town limits, write "RURAL")

(d) Street No. **703 East Mechanic**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Permelia K. Platworthy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN**, day **26**, year **1946**, hour **4**, minute **45 P.**

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

6. (b) Name of husband **Deceased 1916** 6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **July 18, 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr. 3, 1946** to **Jan. 26, 1946** that I last saw her alive on **Jan. 26, 1946** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	82	6	8	hr. min.

Immediate cause of death **Myocardial Regurgitation** **H. 478.**

Due to _____

Due to _____

9. Birthplace **Decatur, Moultrie Co., Ill.**
(City, town, or county) (State or foreign country)

Other conditions **Retired 9 yrs.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation **Dry Goods Retail 9 yrs.**

11. Industry or business _____

12. Name of father **Thomas Jefferson Atkinson**

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

14. Maiden name **Mary Saunders**

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

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 _____

16. (a) Informant **Ulysses Platworthy**

(b) Address **Fayette, Mo.**

17. (a) **Burial** (Burial, cremation, removal) (b) Date thereof **1/28/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery**

18. (a) Signature of funeral director **Edith Ann Parr**

(b) Address **Harrisonville, Mo.**

19. (a) **2-28-46** (Date received local registrar) (b) **Laura J. Jones** (Registrar's signature)

23. Signature **J. S. Triplett, M.D.** (M. D. or other) _____
Address **Harrisonville, Mo.** Date signed **2-28-46**

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

802

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~~ *Personally*

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

Signed

Hoyd Atkinson

Licensed Embalmer No. *3920*

P. O. Address

Harrisouville

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.

FILED MAR 28 1946

Primary Registration District No. **4097**

Registrar's No. **37**

1. PLACE OF DEATH:
 (a) County **Pass**
 City or town **Harrisonville**
 Name of hospital or institution: **703 East Mechanic**
 Length of stay: **In hospital or institution At Home**
 In this community **80 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Pass**
 (c) City or town **Harrisonville**
 Street No. **703 East Mechanic**
 Citizen of foreign country? **No**

(a) FULL NAME **Katherine**
Pernelia K. Platworthy
 (b) If veteran, name war No. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **26**
 year **1946** hour **4** minute **45 P.M.**

3. (a) Sex **Female** (b) Color or race **White**
 (c) (d) Single, widowed, married, divorced **Widowed**
 (e) (f) Name of husband **Deceased 1916**
 (g) Birth date of deceased **July 18 1863**

21. I hereby certify that I attended the deceased from **Apr. 3** 1946 to **Jan. 26** 1946
 that I last saw her alive on **Jan. 26** 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Mitral Regurgitation**

4. AGE: Years **82** Months **6** Days **8**
 9. Birthplace **Decatur, Moultrie Co., Ill.**
 10. Usual occupation **Dry Goods. Retired 9 yrs.**

Due to
 Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

11. Industry or business
 12. Name of father **Thomas Jefferson Atkinson**
 13. Birthplace **Orange County, Ind**
 14. Maiden name **Mary Saunders**
 15. Birthplace **Brunswick Co. Va.**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
926

16. (a) Informant **Urlyss A. Platworthy**
 (b) Address **Fayette, Mo.**
 17. (a) Burial **Burial** (b) Date thereof **1/28/46**
 (c) Place of burial **Oakland Cemetery**

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?
 (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

18. (a) Signature of funeral director **Thomas Jones**
 (b) Address **Harrisonville, Mo.**
 19. (a) **2-28-46** (b) **Thomas Jones**

23. Signature **J. S. Triplett, M.D.** (M. D. or other)
 Address **Harrisonville, Mo.** Date signed **1-28-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Items #3, 13, 14, 15, 16, amended by affidavit of Son, 7-31-90
 MOTHER FATHER