

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45693
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. Freemason Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Herbert Sidney Prickett
 (a) Residence, No. 202 N. Gray St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophka
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1870
 7. AGE YEARS MONTHS DAYS LESS than 1 day, or min. 67. 6 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dr. Prickett
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/37
 22. I HEREBY CERTIFY, That I attended deceased from 12/21/37 to 12/22/37, 1937
 I last saw h. alive on 12/22/37 at 3:40 m. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Ch. noncoronary heart disease acute dilatation of heart.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia Mo
 13. NAME W. S. Prickett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 15. MAIDEN NAME no record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 17. INFORMANT (ADDRESS) J. W. Prickett
 18. BURIAL, CREMATION, OR REMOVAL PLACE: Graveyard DATE: 12/24/37
 19. FUNERAL DIRECTOR (ADDRESS) Herbert Hood Co
 20. FILED 12-24-1937 Local Registrar

Other contributory causes of importance: ASU
 Name of operation none Date of _____
 What test confirmed diagnosis? ASU Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. W. H. ... M. D.
 (Address) 616. Jasper Bldg Joplin Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS 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.

Death

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

Steve Parker

Licensed Embalmer No. *2548*

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.)