

1935 OCT 10

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

31190  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township 1 Primary Registration District No. 1002 Registered No. 3487  
 (c) City Kansas City, Mo. (d) Street No. 3125 - Perry 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

(a) Residence, No. 3125 Perry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 4 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elisha Pruitt

22. I HEREBY CERTIFY, That I attended deceased from 9-3- 1938, to 9-4- 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1865

I last saw him alive on 9-4- 1938 Death is said to have occurred on the date stated above, at 5:10 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 6 0

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Cerebral hemorrhage  
arterio sclerosis  
 Date of onset 9-3-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 1

FATHER 13. NAME Wm Berry 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 9

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) J. P. Rudiger 3125 Perry

18. BURIAL, CREMATION, OR REMOVAL PLACE Horton Rm DATE Sept. 5 - 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs C. R. Foster 918 Brooklyn R.C. Mo

20. FILED Sept 5 38 M. M. Crowe Local Registrar.

Name of operation none Date of no  
 What test confirmed diagnosis? clinical 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, 1938

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?  
 If so, specify

(Signed) L. G. Potter, M. D.

(Address) 724 Proj Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY

1/23  
Jan - 7273

**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.....  
*J.S.*

Licensed Embalmer No.....

P. O. Address.....

**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.**