

REC'D MAY 10 1939

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

13985  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1739  
(c) City Kansas City Mo. (d) Street No. Research Hosp. 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.  
636

2. PRINT FULL NAME Arthur S. Prather  
(a) Residence, No. North Kansas City Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydia Prather</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 - 1883</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Salesman</u>			
	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.....			
12. BIRTHPLACE (CITY OR TOWN) <u>Prather Hill</u> (STATE OR COUNTRY) <u>Clay County Mo.</u>				
FATHER	13. NAME <u>E. V. Prather</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Prather Hill</u> (STATE OR COUNTRY) <u>Clay County Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Cora Hamlet</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Florence Churchill</u> (ADDRESS) <u>1030 E. 21, St. N. K. C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn Cem.</u> DATE <u>April 25, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>John S. Morton Funeral Home</u> (ADDRESS) <u>832 Armour Rd. North K.C. Mo.</u>				
20. FILED <u>Apr 25 - 39 M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>4-23, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>April 2, 1939</u> , to <u>4-23, 1939</u> I last saw him alive on <u>4-23, 1939</u> . Death is said to have occurred on the date stated above, at <u>2:30 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Hemorrhage (From Aorta)</u> <u>Ulcerating Aneurysm of Esophagus Perforating Aorta</u> Other contributory causes of importance: <u>34</u>	
Name of operation	<u>None</u> Date of.....
What test confirmed diagnosis?	<u>Autopsy</u> Was there an autopsy? <u>Yes</u>
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? <u>No</u> If so, specify..... (Signed) <u>Harry R. Steacy</u> M. D. (Address) <u>North Kansas City, Mo.</u>	

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.

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**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.....

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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

13985-7  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. 1739  
 (c) City ..... (d) Street No. Reservoir 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 Arthur S. Prather

(a) Residence, No. .... 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 Male  
 4. COLOR OR RACE Wh  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55

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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4/25 1939 M. M. Brown  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... 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:

Ulcer of Esophagus  
Perforating Aorta  
(Probably) septic but  
but cannot be proved  
and sections have  
been sent various  
Pathologist in the U.S.

Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? 34 Was there an autopsy? .....

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? .....

If so, specify .....  
 (Signed) Harry J. Stacey, M. D.  
 (Address) 706th Kawm City, Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

