

REC'D JUN 13 1939

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

19219

Do not use this space.

1. PLACE OF DEATH

(a) County Merces Registration District No. 557
(b) Township Harrison Primary Registration District No. 5749 Registered No. 30
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. 1026 Robert R. Prichard 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Jellah Prichard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Mo.

13. NAME Jackson Prichard

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

15. MAIDEN NAME Rockhold

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

17. INFORMANT (ADDRESS) Carl Prichard
Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Goshen DATE May 22 39

19. FUNERAL DIRECTOR (ADDRESS) Noel Mack
Princeton Mo.

20. FILED 5722 1939 J.M. Purkey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. May 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1938 to May 20 1939

I last saw him alive on May 19 1939 Death is said

to have occurred on the date stated above, at 7:45 P.M.

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

Cardio-vascular-renal degener-
ation, with special reference to
the degree of vascular involvement
resulting in a progressive loss
of mentality. mitral regurgitation

Other contributory causes of importance:
Progressive general cachexia. 121

Chronic Bright's disease 101

Name of operation Date of 121

What test confirmed diagnosis? Phys and Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) A.S. Bristow A.S. Bristow, M. D.

(Address) Bristow Bldg. Princeton, Mo. 494

RECEIVED

District Health Officer No. 11

District File Number

29-585

Date Filed

JUN 5 1939

STATEMENT BY LICENSED EMBALMER

I, Paul Mass, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Paul Mass

Licensed Embalmer No. 2634

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.)