

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

24623
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH
 (a) County JACKSON 3 Registration District No. 399
 (b) Township PAW Primary Registration District No. 1002 Registered No. 2836
 (c) City KANSAS CITY 1 (d) Street No. 1324 M.D.N.R.O.E. St.
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. BLANCH GARTON PRATHER
 (a) Residence No. 3917-NORTON 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-31-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 - 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DE KALB MISSOURI
 13. NAME STEPHEN GARTON 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA 9

MOTHER 15. MAIDEN NAME ANNA JANE BRETZ
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) REV. BUY L. PRATHER 3812-13ALES AVENUE
 18. BURIAL, CREMATION, OR REMOVAL PLACE DEKALB, MO. DATE 7/15 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY MISSOURI
 20. FILED July 14 39 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY. 13 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8 39 to July 13 1939
 last saw h. alive on _____ 19____. Death is said to have occurred on the date stated above, at 6:45 A.M.
 The principal cause of death and related causes of importance were as follows:
obstruction of common bile duct
127
 Date of onset 4-2-39

Other contributory causes of importance:
Gout

Name of operation no Date of no
 What test confirmed diagnosis? examined where an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) J.F. Muckley M. D.
 (Address) Kansas City, Mo.

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.

10:00 a.m.

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 *A. C. McNewcomer Jr*

Licensed Embalmer No. 4045

P. O. Address *A. C. Mc*

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.