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MARGIN RESERVED FOR BINDING

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.

V. S. No. 2. 50M-1-12-38 I X14028

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

44102
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan 2 Registration District No. 598
(b) Township Moreau 1 Primary Registration District No. 4355-5 Registered No. 37
(c) City ..... (d) Street No. ..... 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 632 Sarah B. Pritchard
(a) Residence, No. Morgan County, Mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Wilson R. Pritchard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11 - 1883
7. AGE Years 65 Months 11 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Buchanan County Mo

FATHER
13. NAME William Courter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas County

MOTHER
15. MAIDEN NAME Sarah Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

17. INFORMANT (ADDRESS) W E Courter St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph DATE Dec 3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Kidwell Versailles, Mo
20. FILED 12-9 1939 Will F. Berry, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1939
22. I HEREBY CERTIFY, That I attended deceased from 12-2 1939, to 12-2 1939
I last saw her alive on about Nov 1, 1939. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

Coronary theomboses

Date of onset

94 B

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? history 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) A J Gunn, M. D.
(Address) Versailles, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Date Filed 1-11-40

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, Gene Kartvam, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Gene Kartvam

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo.

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.