

Registration District No. 85 Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: 1124 1/2 Ridenbaugh Street
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Whitney Prentiss

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nell

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 21 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>9</u>	hr. _____ min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Veterinarian

12. Name Benjamin M. Prentiss

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Whitney

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. Prentiss

(b) Address 1124 1/2 Ridenbaugh, St. Joseph, Mo.

17. (a) burial (b) Date thereof Nov. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Moreschopper

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Nov 1, 1940 (b) W. D. Estlebach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1124 1/2 Ridenbaugh Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1940 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 13 -
1939 to October 30 1940
that I last saw him alive on October 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cocaine & opiates
Duration 1 1/2 yrs

Due to _____

Due to 5 ft

Other conditions Arterio Sclerosis 700 Facts
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? _____ (Specify type of place)

23. Signature Dr. John H. Messer (M. D. or other) 1940
Address 109 1/2 North 8th Date signed 10/30/40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. H. Kelly*

Licensed Embalmer No. *Mo. 3946*

P. O. Address *St. Joseph, Missouri.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.