FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17279

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1941

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 818 E. 9th no 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 15 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 818 E 9 (If rural, give location)

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

3. (a) PRINT FULL NAME Bertha A. Pritchard

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Pritchard 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 20 (Day) 1878 (Year)

8. AGE: Years 62 Months 11 Days 27 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Wife

11. Industry or business

FATHER 12. Name Edward Pace

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

MOTHER 14. Maiden name Martha Long

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

16. (a) Informant's own signature Roy Pritchard

(b) Address 818 E 9

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May (Month) 17 (Day) 41 (Year)

(c) Place: burial or cremation Woodbine Iowa

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) May 17, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1941 hour 10 minute 56 A M.

21. I hereby certify that I attended the deceased from Oct 1940, 19..., to May 16, 1941; that I last saw her alive on May 16 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration 3 days

Due to Lying in one position over a long period of time

Due to

Other conditions Cholicystitis, with Jaundice (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. L. Mizr (M. D. ~~[illegible]~~)

Address 1121 Grand, K.C. Mo Date signed May 16

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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. 1166

P. O. Address 1415 E 15

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.