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(23193)

FILED JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22427

State File No. _____

Registration District No. 690

Primary Registration District No. 5918

Registrar's No. 8

1. PLACE OF DEATH Pike Hunt Ground

(a) County _____

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

(c) Name of hospital or institution: 1 County home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Middletown Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural (If rural, give location) 0

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

3. (a) PRINT FULL NAME Emer E. Pritchett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 10 AM minute _____ M.

4. Sex M (1) 5. Color or race W

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

6. (b) Name of husband or wife ALLIE PRITCHETT

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

7. Birth date of deceased: 9 - 12 - 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Accident / Drowned in Water Tank

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 18 2/3 3/6

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edmund Wilson Pritchett

13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Esther Shuts

15. Birthplace Montgomery Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Allie Pritchett

(b) Address Middletown Mo.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 5-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

18. (a) Signature of funeral director Pritchett-Kohne

(b) Address Middletown Mo.

19. (a) May 13-41 (b) Mrs Lysa Moot
(Date received at local registrar) (Registrar's signature)

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? 837

While at work? _____ (Specify type of place)

(e) Means of injury 8

23. Signature Mr. Smith Conner
Address Louisiana Mo Date signed 5/19/41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1337

Date Filed JUL 16 1941

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

Clifford C. Kuhn

Licensed Embalmer No.

3059

P. O. Address

Wellsville

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.