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DC28390

FILLED OCT 6 1941

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 82

1. PLACE OF DEATH:-  
 (a) County Jasper  
 (b) City or town Webb City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution RR 8 Tenn. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Webb City (If outside city or town limits, write "RURAL")  
 (d) Street No. 22 South Tenn Ave (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Kate Pratt  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 17th  
 year 1941 hour 10 minute 00 M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 21 1867  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-12 1941 to 9-17 1941  
 that I last saw her alive on 9-17 1941  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to 83a

9. Birthplace Victoria 2 Canada  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
 12. Name Dr Cameron  
 13. Birthplace Unknown Canada  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Wisdale  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Fred Pratt  
 (b) Address Joplin MO  
 17. (a) Burial (b) Date thereof Sept 18 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Frank Memorial Park  
 18. (a) Signature of funeral director Walt City and Co  
 (b) Address Walt City Tenn  
 19. (a) SEPT. 18. 41 (b) P. T. Pitcher m  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of injury) (e) Means of injury \_\_\_\_\_  
 23. Signature W. D. Louchter (M. or Mother) \_\_\_\_\_  
 Address Webb City Tenn Date signed 9/18/41

317 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

**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.....

A. K. Mills....., Registered Apprentice No. 347  
working under my personal supervision.

Signed A. K. Mills.....

Licensed Embalmer No. 347

P. O. Address W. H. City, Mo.

**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.**