

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 315 East 14
(d) Length of stay: In hospital or institution. 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042
(c) City or town Kansas City
(d) Street No. 315 East 14
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Frankie Prater

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16 year 1942 hour 8 minute 5 P. M.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Apr. 16 1942

that I last saw her alive on Apr. 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia Left side of brain

Due to: old age

Due to:

Other conditions: mitral regurgitation

Major findings: Of operations

Of autopsy: No

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature James W. Abraham (M. D. or other) Address: 1518 Argyle Bldg R. C. M. date signed Apr 17 42

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

6. (b) Name of husband or wife Thomas Prater 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March-28-1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business No

12. Name Leonard Barrett

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

14. Maiden name Mary Ann Honey

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

16. (a) Informant Bernard Shockey

(b) Address 1514 Pacific Atchison Kan

17. (a) Removal (b) Date thereof 4-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Atchison Kan

18. (a) Signature of funeral director A. R. Doherty (b) Address 1415 East 15 City

19. (a) Date received local registrar 4-17-42 (b) Registrar's signature M. H. Crowe

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

48

518
A. E. Con. 12/24/24
M. E. C. 12/24/24

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..... *H. P. Doehler*

Licensed Embalmer No. 1166

P. O. Address 1415 East 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 1523

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 E. 14th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME: Frankie Prater

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 yrs. hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 9/22/42 (b) M. H. Grove (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia - left side of brain
Followed a Cerebral hemorrhage
Due to.....
Due to.....

Other conditions: Mitral Regurgitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature: J. W. Graham (M. D. or other)
Address: 518 Jangle Bldg Date signed.....

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

SUPPLEMENTARY

9819