

No. 2
-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20407
State File No.
Registrar's No. 2410

FILED JUL 3 1942
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution: N.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 10 days
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED: Jackson 48
Missouri
(a) State (b) County
(c) City or town 3308 Campbell 3
(d) Street No. Kansas City 8
(e) Citizen of foreign country? No.
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Sarah Ida Pritchard,
(b) If veteran, name war no.
(c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20th
year 1942 hour 9 minute 10 A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife O. E. Pritchard
(c) Age of husband or wife if alive X years
7. Birth date of deceased March 18 1872

21. I hereby certify that I attended the deceased from 6-10-42 to 6-20-42
that I last saw her alive on 6-20-42
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 2
If less than one day hr. min.

Immediate cause of death Uremia
Duration

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

Due to Carcinoma of Bladder
Due to 52B

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

11. Industry or business X

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Margaret Saunders
15. Birthplace Unknown

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

16. (a) Informant Mrs. Don Pritchard
(b) Address 3308 Campbell, Kansas City, Mo.
(c) Place: burial or cremation Removal (b) Date thereof 6-22-42
(d) Excelsior Springs, Mo.

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

17. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
(c) Date received local registrar 6-22-42 (d) M. M. Crane (Registrar's signature)

23. Signature of physician Dr. R. Thom (M. D. or other)
Address Med. Div. K.C. General Hospital

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

E. M. Plank

Licensed Embalmer No.

1848

P. O. Address

T. C. Mo

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.