

FILED JAN - 6 1947

Registration District No. **102**

Primary Registration District No. **6143**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County *Shelby*
(b) City or town *Rural Township Denton*
(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. *65 years* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Shelby*
(c) City or town *Rural*
(d) Street No. *4 mi West of Shelburne*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country *0*

3. (a) PRINT FULL NAME *LAURA PRENTICE*

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, *Widow*
6. (b) Name of husband or wife *Williams Prentice* 6. (c) Age of husband or wife if alive *11* years
7. Birth date of deceased *July 11 1856*
(Month) (Day) (Year)

8. AGE: Years *85* Months *11* Days *22* If less than one day *hr. min.*

9. Birthplace *New Castle Kentucky*
(City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business *-*

MOTHER FATHER
12. Name *Roland Thomas*
13. Birthplace *New Castle Kentucky*
(City, town, or county) (State or foreign country)
14. Maiden name *Cynthia Parker*
15. Birthplace *New Castle Kentucky*
(City, town, or county) (State or foreign country)

16. (a) Informant *Lula Braahear*
(b) Address *4308 Sheridan Rd. (cho)*

17. (a) *Burial* (b) Date thereof *July 5 1947*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *Shelburne Mo.*

18. (a) Signature of funeral director *E Hayes*
(b) Address *Shelburne Mo.*

19. *Jan 11 1945* (b) *Madge Groch*
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *3*
year *1947* hour *12* minute *10 a.m.*

21. I hereby certify that I attended the deceased from *July 3*
19 *47* to *July 3* 19 *47*
that I last saw her alive on *July 3* 19 *47*
and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic nephritis*

Due to *Kepper lesions*

Due to *131h*

Other conditions (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 *A L Simpson* (M. D. or other)
Address *Shelburne* Date signed *Jan 1948*

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-4139

Date Filed Jan-5-1942

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.....

Me....., Registered Apprentice No.....

working under my personal supervision.

Signed E. Hayes.....

Licensed Embalmer No. 1437

P. O. Address Shelburne, 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.