

FILED JAN 23 1943

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **332**

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
HOME HILLS, Emery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Thomas Prather

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased DEC- 22- 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name DAN WILLIAM PRATHER

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

14. Maiden name ZADIE HENDERSHOT

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

16. (a) Informant DAN WILLIAM PRATHER

(b) Address 1111 So. EMERY ST.

17. (a) BURIAL (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE CEM.

18. (a) Signature of funeral director Freely Funeral Home

(b) Address 214 N. SPRING ST. INDEP. MO

19. (a) 12-24-42 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 So. EMERY
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1942 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Birth Dec 22 1942 to Dec 29 1942
that I last saw him alive on Dec 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia Duration _____

Due to Patent foramen ovale

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: Of operations _____

Of autopsy _____

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 M. L. Whitstone (M. D. or other) D.O.
Address 323 W. Lexington Date signed 12/22

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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 by one
....., Registered Apprentice No.
working under my personal supervision.

Signed J. L. Latta
Licensed Embalmer No. 2632
P. O. Address 214 N Spring

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.