

FILED SEP 14 1943

Registration District No. 41

Primary Registration District No. 30 75-

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard ¹⁰³
(c) City or town Dexter ^{IND}
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME Clara Elizabeth Pritchett
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1943 hour 2 minute 30 p. a. m.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife John Wright Pritchett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. May 5 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-29- 1943 to 7-29- 1943
that I last saw her alive on 7-29- 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2#</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Angina Pectoris
Duration 1 day

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

Due to _____
Due to _____

10. Usual occupation Retired
11. Industry or business _____

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

MOTHER FATHER {
12. Name Moses B. Welborn
13. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Charlotta E. Brown
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy No
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. F. Raney
(b) Address Dexter, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) TLO
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Aug. 1, '43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo., Cem.
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.
19. (a) 8-11-43 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

(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 S. J. Davis (M. D. or other) _____
Address Dexter Mo. Date signed 7-29-43

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

33
1
33

1134

FILED

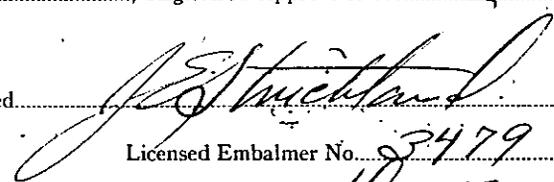
District Health Office No. 2,
District File Number 943-1186
Date Filed 9-13-43

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.....


Licensed Embalmer No. 3479

P. O. Address Wester, 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.