

FILED JAN 19 1949

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kan  
(c) Name of hospital or institution: 5735 Forest 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 since 1916 years, months or days

3. (a) PRINT FULL NAME Mrs Annie Warner Pratt

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married. 2 divorced widow  
6. (b) Name of husband or wife Wm A Pratt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 6 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Phelps  
13. Birthplace unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Warner  
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Annie Davis Pratt  
(b) Address 5735 Forest av

17. (a) Cremation (b) Date thereof 12/31/43 (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Stine - M. C. Cline  
(b) Address Kansas City, Mo

19. (a) Dec 31, 1943 (b) J. H. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5735 Forest (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 1943 hour 4 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Dec 30 1943 and that I last saw him alive on Dec 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis  
Heart Arteriosclerosis  
Paralytic Quadriplegia  
Due to Paralytic Quadriplegia years  
Due to Old Infantile Paralysis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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) \_\_\_\_\_ (Specify type of injury)

23. Signature: David B. Brown M.D. (M. D. or other) \_\_\_\_\_  
Address 928 Prof. Bldg AC MO Date signed 1/2/43

Duration 3 mo  
4 yrs  
years

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

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

**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 *John A. Hurley*

Licensed Embalmer No. *40800*

P. O. Address *Kansas City,*

**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.**