

FILED MAY 23 1944  
199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1416 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town K.C. (If outside city or town limits, write "RURAL")  
(d) Street No. 1416 Woodland (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Albert Prather

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 450-08-1287

4. Sex M 5. Color of race Col. 6. (a) Single, widowed, married, divorced Mar.  
6. (b) Name of husband or wife Bessie Prather 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Apr. 2 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 1944 hour 7 minute 30 P. M.  
21. I hereby certify that I attended the deceased from May 1st 1944 to May 10th 1944  
that I last saw him alive on May 8th 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of Liver Duration \_\_\_\_\_

8. AGE: Years 68 Months 1 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic Interstitial Nephritis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Sheet Metal Helper

11. Industry or business Oakland California

12. Name Alton Prather

13. Birthplace Waco, Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Prather

15. Birthplace Waco, Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Prather, wife

(b) Address 1416 Woodland

17. (a) Burial (b) Date thereof 5-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2002 E. 12th K.C. Mo.

19. (a) 5-12-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations none  
Of autopsy none  
1318

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 J. J. Suggenbue (M. D. or other) \_\_\_\_\_  
Address 2202 E. 18th Date signed 5/12/44

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

MOTHER FATHER

**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.....

*A. T. Moore*

Licensed Embalmer No.....

*948*

P. O. Address.....

*Kansas City 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.**