V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1944

Registration District No. 286

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25485

Primary Registration District No. 4424

Registrar's No.

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

84
0
0

1. PLACE OF DEATH:

(a) County Polk

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Humansville 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Paul Keene Pritchard

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ruth Pritchard

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 5 (Day) 1899 (Year)

8. AGE: Years 45 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Collins (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Real Estate Office

FATHER
12. Name Tillman A. Pritchard
13. Birthplace Hickory Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Nonie L. Keene
15. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Ruth E. Pritchard

(b) Address Humansville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director [signature]

(b) Address Humansville, Mo.

19. (a) July 19, 1944 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 17, 1944, to July 17, 1944 that I last saw him alive on July 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Roscoe C Nevins (M. D. or other) M.D.

Address Humansville Mo. Date signed 7-19-44

D-183
7/25/44

1188 (Licensed Embalmer's Statement on Reverse Side)

SEP 28 1944 JUL 27 1944

AUG 7 1944

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.