

FILED **AUG 23 1944**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
3223 Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 1/2 years \_\_\_\_\_ (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** CARRIE PRIBBLE WERTSCH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White

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

6. (b) Name of husband or wife Julius F.

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>			_____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name William F. Pribble

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

14. Maiden name Eliza Pettit

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

16. (a) Informant Phillip W. Wertsch

(b) Address 3223 Washington

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof August 13, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd

19. (a) 8-12-44 (Date received local registrar)

(b) H. E. Brown (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 3223 Washington  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 12  
year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 19 1943, 19\_\_\_\_, to Aug 12, 1944  
that I last saw her alive on Aug 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia

Due to Senility and

Due to arterial degeneration

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(e) Means of injury While at work?

23. Signature James J. Ferguson (M. D. or other)

Address 410 Bryant Blvd Date signed 8/13/44

**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..... *H. D. Blackman* .....

..... Licensed Embalmer No. *3689* .....

P. O. Address..... *H. C. M.* .....

**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.**