

FILED JAN 17 1945

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:
3001 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 13 years
years, months or days)

3. (a) PRINT FULL NAME Edmond Kern Prichard

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

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife WMP 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased: October 24 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 7 If less than one day
hr. min.

9. Birthplace: Edinburg Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name William Martin Prichard
13. Birthplace Md.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann Forsythe
15. Birthplace Henry Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. F. Montgomery
(b) Address 3001 Indiana

17. (a) burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director BENTLEY MORTUARY
(b) Address 5811 Troost

19. (a) 1-31-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3001 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 18, 1944, to December 29, 1944;
that I last saw him alive on December 30, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to General Arteriosclerosis

Due to Chronic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death) 1318

Major findings: Of operations No PHYSICIAN _____

Of autopsy No 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 S

23. Signature Edward E. Toubel (M. D. number) _____
Address 1040 Angelle Bg. K.C. Mo. Date signed Jan 2/45

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 Aug. Ruffington
Licensed Embalmer No. D 2756
P. O. Address 16 C 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.