

FILED JUL 30 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3005

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:  
130 N. Chelsea  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 27 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, Mo  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 130 N. Chelsea  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Miss Ida M. Pratt

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

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased April 28 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Charles E. Pratt  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Frederica Jellerson  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert O. Pratt,  
(b) Address 130 N. Chelsea, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 7-18-45 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1945 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2 1945 to 7/18 1945  
that I last saw her alive on 7/18  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease  
Duration 24 yrs

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 92 d

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?  
While at work? (Specify type of place) (e) Means of injury 92 d

23. Signature R. M. ... (M. D. or other)  
Address 5400 St John St Date signed 7/18/45

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

Dr. Robert Williamson

5400 St. Johns  
3 P.M.

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.....

..... Licensed Embalmer No. 1415-

..... P. O. Address 13 C. W. M. J.

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.