

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1686

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

61

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. _____

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:
709 Washington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Washington 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Prather

3. (b) If veteran, name war no

3. (c) Social Security Donot know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1945 hour 6 minute 10 A M.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

7. Birth date of deceased 1871
(Month) (Day) (Year)

Immediate cause of death Coronary insufficiency

Due to Chronic Nephritis

8. AGE: Years 74 Months - Days - If less than one day _____ hr. _____ min.

Due to arteriosclerosis

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

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

10. Usual occupation _____

Major findings: 131k

Of operations _____

Of autopsy no

Histology + Impression

11. Industry or business _____

12. Name Donat

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

14. Maiden name Prather

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

16. (a) Informant Coroner office 1
(b) Address K C mo

17. (a) Burial (b) Date thereof Jan 8 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary R.C.K. Parsonage Bras

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? _____

18. (a) Signature of funeral director Prather

(b) Address K C mo

(Specify type of place) _____

While at work? _____ (e) Means of injury 3

19. (a) 1-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) _____
Address 1424 Jay St Date signed 1-5-46

(Licensed Embalmer's Statement on Reverse Side)

1193
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Francis Walter
Licensed Embalmer No. 927-44
P. O. Address 150 rd

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.