

Registration District No. 17

Primary Registration District No. 3016

State File No. _____

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 23 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mrs. Alice Elizabeth Pratt

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oscar H. Pratt 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased November 15 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>14</u>	_____hr. _____min.

9. Birthplace Nodaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Harris
 13. Birthplace Galesburg, Ills
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth McPherrin
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Howard H. Pratt

(b) Address Meadville, Missouri

17. (a) Burial (b) Date thereof Mar-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Missouri

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

(b) Address Jefferson City, Missouri

19. (a) 3-1-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Meadville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 13
1946 to March 1 1946
 that I last saw her alive on March 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Edema cerebri
capillary

Due to Metastasis

Other conditions See hospital
(Include pregnancy within 3 months of death)

Major findings: Edema cerebri
 Of operation capillary
 Of autopsy [Signature]

Duration ?
 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?

23. Signature [Signature] (M. D. or other) _____
 Address Jefferson City, Mo Date signed 3/1/46

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

MAR 9 1963

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed..... 3-6-46

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.....
Joseph J. Gordon

Licensed Embalmer No. 1286

P. O. Address *Jefferson City 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.