

FILED APR 29 1946

Registration District No. **149**

Primary Registration District No. **1002**

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:
3200 Norledge K.C. Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 4 mos.**
(Specify whether
In this community **as above**
years, months or days)

3. (a) PRINT FULL NAME **Samuel E. Prather**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Carrie Prather** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **June 21 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 23 hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Thomas Prather**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ethney Johnson**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Luther Prather,**

(b) Address **Clifton Hill, Missouri,**

17. (a) **removal** (b) Date thereof **4-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury, Missouri**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-19-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1946** hour **5:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-21-42**
to **4-14-46**, 19____
that I last saw him live on **4-13-46**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Due to

Due to

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?

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

23. Signature **J. J. Lawrence** (M. D. or other)
Address **3200 Norledge** Date **4-15-46**

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1945

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 15 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.