S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20459

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2906

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: 115 West Armour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX
In this community: 22 years (Specify whether years, months or days)

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")
(d) Street No.: 115 West Armour 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Edith Ross Pritchard
3. (b) If veteran, name war: XX
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm. G. Pritchard
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: December (Month) 17 (Day) 1868 (Year)

8. AGE: Years 77 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace: Harrison County (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Simeon Ross
FATHER 13. Birthplace: (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Martha Carr
MOTHER 15. Birthplace: (City, town, or county) N.J. (State or foreign country)
16. (a) Informant: Mrs. Ada Wright
(b) Address: 115 West Armour
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cem. KCK
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 7-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1946 hour 11: minute 20 P M.
21. I hereby certify that I attended the deceased from Jan. 19 1946, to June 29, 1946 that I last saw him alive on June 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to: Had 1st attack in Jan '46
Due to: Hypertension

Other conditions: (Include pregnancy within 3 months of death) 94a

Major findings: Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. J. Ramsworth (M. D. or other)
Address: 1103 Grand K.C. Date signed: 7/1/46

(Licensed Embalmer's Statement on Reverse Side)

MO

Prof Bp
11-3434

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas city, M

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.