

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 minutes
 In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2713 South 19th St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alfred Ray Pritchett
 3. (b) If veteran, name war World War # 2 3. (c) Social Security No. 493-18-3493
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cela Frances Pritchett 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased Feb. 2, 1924
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 26 year 1946 hour 12 minute 15 p. M.
 21. I hereby certify that I attended the deceased from Oct 26, 1946, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration _____
 Due to _____
 Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
22 8 24 hr. min.
 9. Birthplace St. Joseph, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Not employed

Major findings:
 Of operations _____
 Of autopsy Coronary arterie occluded
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name William Pritchett
 13. Birthplace Agency, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Pearson
 15. Birthplace Agency, Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Cela Frances Pritchett
 (b) Address 2713 South 19th St.
 17. (a) Burial (b) Date thereof Oct. 29, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Ridge, Cem.
 18. (a) Signature of funeral director Clark Mortuary
5025 King Hill Ave.
 (b) Address _____
 19. (a) Oct. 29, 1946 (b) A. Mitchell
 (Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury Coroner
 23. Signature B. W. Tadlock (M. D. or other) _____
 Address King Hill Rd Date signed 10/27/46

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

JUL 31 1947
JAN 30 1947

WA
10280/326

NOV 6
1946

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 Emile Clark
Licensed Embalmer No. 4238
P. O. Address St. Joseph 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.