S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1947

Registration District No. 147

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21141

Registrar's No. 2800

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2943 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 115 West Armour Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM G PRITCHARD

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Edith Pritchard

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

7. Birth date of deceased Oct 1 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months ~~7~~ 8 Days ~~20~~ 29 If less than one day ..... hr. ..... min.

9. Birthplace Rising Sun Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired--Bricklayer

11. Industry or business .....

FATHER
12. Name William H Pritchard
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Ball
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Pritchard
(b) Address 115 W. Armour Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem-K. C. Kan

18. (a) Signature of funeral director Quirk & Tobin
(b) Address 20 West Linwood

19. (a) 7-1-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day June
year 1947 About 6:00 minute A M.

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.

Immediate cause of death: Circulatory Failure

Due to Cirrhosis of Liver

Due to .....

Other conditions (Include pregnancy within 3 months of death) 1248

Deputy Coroner

Major findings Of operations .....

Of autopsy History & Inspection

Duration

PHYSICIAN

Underline the cause of 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 W E Usher (M. D. or other) MD

Address 2800 Main 6/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas 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.