No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2193

State File No.

Primary Registration District No. 6068

Registrar's No. 27

1. PLACE OF DEATH:
(a) County: St. Francois to St. Louis
(b) City or town: Died enroute, Big River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2656 Hickory St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ANNA MABEL PRITCHETT
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: June (Month) 4 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	23	hr. min.

9. Birthplace: Mine LaMotte, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Joe Dalton
13. Birthplace: Okla. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Julia La Plant
15. Birthplace: Madison County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Preslie Pritchett
(b) Address: Flat River, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Francois Memo.
18. (a) Signature of funeral director: SPARKS
(b) Address: Flat River, Mo
19. (a) 2-3-48 (Date received local registrar) (b) Esther Rusk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 27 year: 1948 hour: minute: 11:50 A.M.
21. I hereby certify that I attended the deceased from Jan 26, 1948, to Jan 27, 1948, that I last saw her alive on Jan 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured gallbladder	1 day
Due to: Gallbladder colic	2-5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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: J. W. Zuspan D.O. (M.D. or other)
Address: Flat River Mo Date signed: 1/29/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

APR 21 1948

NOV 3 1948

RECEIVED
District Health Officer No. 4
[illegible] File Number 248-1
[illegible] 2-11-48

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.