S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16480

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2224

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K C
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 621 Main 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town 548 Main 3
(If outside city or town limits, write "RURAL")
(d) Street No. K C Mo 8
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALLEN R. PRITCHARD
3. (b) If veteran, name war World War I
3. (c) Social Security No. 496-05-8933

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Unk 9
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 5 (Day) 1892 (Year)

8. AGE: Years 55 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown 9
FATHER
12. Name Unknown
13. Birthplace 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary C. 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant C. C. Pritchard
(b) Address 740 Royal N.O. La
17. (a) Removal (b) Date thereof 5/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ft Levenworth Kans.
18. (a) Signature of funeral director Sebbeto's
(b) Address City
19. (a) 5-27-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21
year 1948 hour 11 30 minute P M.

21. I hereby certify that I attended the deceased from Coronary, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy no
Hisley + Inspection

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 3

23. Signature [illegible] (M. D. ~~or other~~) Comm
Address 1424 [illegible] Date signed 5-22-48

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

JUN 24 1948

JUN 12 1948

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 Russell N Franc

Licensed Embalmer No. 4255

P. O. Address K. 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.