

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

49

1. PLACE OF DEATH:

(a) County..... JASPER

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

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

(d) Length of stay: In hospital or institution..... 45 Years (Specify whether years, months or days)

In this community..... 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

(c) City or town..... Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 743 W. Central
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Ovel Franklin PRATZ

3. (b) If veteran, name war..... No.

3. (c) Social Security No. No.

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Jenny W. | 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 17 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 0 If less than one day hr min

9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Refinisher

11. Industry or business Same

12. Name Isaac Finney PRATZ

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Anna PAUL

15. Birthplace Unknown ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. PRATZ

(b) Address Carthage, Missouri.

17. (a) Burial (b) Date thereof 6/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri.

19. (a) 6-2-1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 28 19 48 to May 30 19 48 that I last saw him alive on May 30 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

40 hrs

yes

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

Signature J. G. Beard M.D. (M. D. or other)

Address Carthage, Mo Date signed June 1 - 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.