No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26729 37

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 154

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home, White (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mth. 5 da. (Specify whether years, months or days) In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL") 3
(d) Street No. 3217 Cleveland Ave (If rural, give location) 8
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MARY FARRIS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 17 (Day) 1866 (Year)

8. AGE: Years 82 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Mercier Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation retired
11. Industry or business
FATHER 12. Name Sylvester Pritchard
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name unknown
15. Birthplace " (City, town, or county) " (State or foreign country) 9
16. (a) Informant Jackson Co. Home, Records
(b) Address R.R. #4 Indep. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cmtry
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost - K.C. Mo.
19. (a) 8-8-48 (Date received local registrar) (b) Donald C. Easnshaw (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1948 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from 1-1, 1948, to 8-6, 1948 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death ~~8-6~~ Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 16 2B

Of autopsy

Duration

PHYSICIAN — Underline the cause to 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 Greene (M.D. or other)
Address Independence Date signed 8/7/48

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.