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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29062**
Registrar's No. **276**

Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1948 3 month 13 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Waller
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY G. PRITCHETT
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20
year 1948 hour 4 minute 0 A.M.
21. I hereby certify that I attended the deceased from Sept 15
1948 to Sept 20 1948;
that I last saw him alive on Sept 19 1948;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 24 15 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years 75 Months 0 Days 5 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace Waverly, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: 92.9
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Wm H Pritchett
13. Birthplace St Charles Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Luckett
15. Birthplace St Charles Co Mo (City, town, or county) (State or foreign country)

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? 0

16. (a) Informant Records State Hosp #1
(b) Address Fulton Mo
17. (a) Removal (b) Date thereof 9-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wright City, Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 776 1/2 St Fulton Missouri
19. (a) 9-20-1948 (b) Joseph Moscovitch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature R. Price (M.D. or other)
Address Fulton Mo 9/20/48

RECEIVED
District Health Officer No. 9,
District File Number
SEP 30 1948
Date Filed

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 *Benjamin O. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton, 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.