No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36816

Registrar's No. 4914

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GENERAL HOSPITAL # 2 U & 20 mins
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos, 5 das, 15 hrs. (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 921 Charlotte 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MANUEL PRUITT

3. (b) If veteran, name war no

3. (c) Social Security No. unk.

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED (SEPARATED) 1

6. (b) Name of husband or wife Martha Pruitt

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased AUGUST 14th 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	3	13	____ hr. ____ min.

9. Birthplace DYESBURG, TENNESSEE 1
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name MAT PRUITT
13. Birthplace TENNESSEE 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY DAVIS
15. Birthplace TENNESSEE 1
(City, town, or county) (State or foreign country)

16. (a) Informant Friend: Mrs. E. Wells
(b) Address 921 C harlotte

17. (a) Burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 12-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 27th
year 1948 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 21st, 1948 to NOVEMBER 27th, 1948; that I last saw him alive on NOVEMBER 27th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

CEREBRAL ARTERIOSCLEROSIS WITH THROMBOSIS

Due to

Other conditions
(Include pregnancy within 3 months of death) 83b

Major findings:
Of operations

Of autopsy SAME AS ABOVE

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?
E. Frank Ellis
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] MD (M. D. or other)
Address 600 E. 22nd St. Date signed 11/29/48

(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 C. Kenneth Kerford

Licensed Embalmer No. 4437

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.