

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7940

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u>					
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>KENNETT</u> (1)		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>KENNETT</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRESNELL Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>No. MAIN-</u>					
3. NAME OF DECEASED (Type or Print) <u>ULYSSES</u>		a. (First)		b. (Middle) <u>GRANT</u>		c. (Last) <u>PRINCE</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5/27-1902</u>			
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton COMPRESS</u>		11. BIRTHPLACE (State or foreign country) <u>Jonestown - Miss - 1</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Prince</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Gates</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Johnson Prince</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-14-3775</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Johnson Prince</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia Poisoning</u>  ANTECEDENT CAUSES DUE TO (b) <u>Urinary Retension</u> DUE TO (c) <u>Hypertrophic Prostate</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>111</u> <u>7801</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-20</u> , 1949, to <u>3-23</u> , 1949, that I last saw the deceased alive on <u>3-23</u> , 1949, and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. L. Greenell M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>3-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Worship</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-25-49</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Sullivan</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

35  
2  
2

RECEIVED

District Health Office No.

District File Number 349

Date Filed 3.30

APR 14 1949

JUN 19 1952

OCT 11 1951

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*Arnold R. Moon*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4636

P. O. Address Kennett, 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.