

FILED AUG 21 1950

STANDARD CERTIFICATE OF DEATH

State File No.

3274

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>25 yrs</u> | | 3618 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1310 E. Armour Blvd. Conv. Home</u> | | d. STREET ADDRESS (If rural, give location) <u>4125 Agnes</u> | |

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|---|--|-------------------|--|----------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> | | b. (Middle) _____ | | c. (Last) <u>PRITCHETT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1950</u> | |
|---|--|-------------------|--|----------------------------|--|--|--|

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|-------------------------|----------------------------------|--|--|---|--|--|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 8, 1880</u> | 9. AGE (In years) (Month) (Day) (Specify birthday) <u>70</u> | IF UNDER 1 YEAR: Months _____ Days _____ | IF UNDER 24 HRS.: Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|--|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Cabool, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Haggart</u> | 13b. MOTHER'S MAIDEN NAME <u>Emile Tucker</u> | 14. NAME OF HUSBAND OR WIFE <u>Lewis Pritchett</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Roland W. Pritchett</u> | ADDRESS <u>4125 Agnes St.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure (myocardia)</u> | | <u>6 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral occlusion with paralysis left side</u> DUE TO (c) <u>Malignant hypertension</u> | | <u>3-19-50</u> <u>332X</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with generalized arteriosclerosis heart</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|---|
| 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) |
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|---|--|----------------------------|
| 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 March 19, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE OF PHYSICIAN (Degree or title) <u>Thos. C. McHale M.D.</u> | 23b. ADDRESS <u>4620 Indep Ave</u> | 23c. DATE SIGNED <u>7-31-50</u> |
|--|---------------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>July 31, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u> | 24d. LOCATION (City, town, or county) (State) <u>Cabool, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7-31-50</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mollody-McGilley-Eylar</u> | ADDRESS <u>Kansas City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Thos. M. H.
4620 Indep. W.
Ch. 5750

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Max H. Kirkendall

Signed.....

Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *K. C. 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.