No. 300
10-48

FILED MAR 15 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5018

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 833

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2743 Benton

3388

**3. NAME OF DECEASED** (Type or Print)
a. (First): Florence
b. (Middle): MABLE
c. (Last): Pritchard

**4. DATE OF DEATH** (Month): 2 (Day): 20 (Year): 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Aug. 12-1891
**9. AGE** (In years last birthday): 62
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): Cambridge, Ill.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Peter L. Elston
**13b. MOTHER'S MAIDEN NAME**: Alice Decker
**14. NAME OF HUSBAND OR WIFE**: Wm. Pritchard
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Alice M. Moore
ADDRESS: 2743 Benton K.C. Mo.

**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) Pulmonary congestiona and edema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic heart disease with mitral valvulitis, cardiac dilatation and hypertrophy and auricular fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 416 X
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Feb. 7, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 8:25P m., from the causes and on the date stated above.

**23a. SIGNATURE**: B. I. Burns, M.D. (Degree or title)
**23b. ADDRESS**: 24th & Cherry
**23c. DATE SIGNED**: 2-23-54
**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 23-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): K.C. Missouri
**DATE REC'D BY LOCAL REG.**: 2-23-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: C. H. Blackman & Son Inc.
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Rime

Licensed Embalmer No. 48

P. O. Address K.C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.