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12-40  
7-39  
X23159

Registration District No. **399**

Primary Registration District No. **10.2**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**

(c) Name of hospital or institution: **5230 Wabash**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Years**  
(Specify whether years, months or days)

In this community **5 Years**

3. (a) PRINT FULL NAME **Cordelia F. Prather**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Daniel D. Prather** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **August 11th 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>5</b>	<b>18</b>	hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalid**

11. Industry or business

12. Name **David Short**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emeline Walker**

15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy O. Prather**

(b) Address **5415 Highland ave. K.C. Mo.**

17. (a) **Removal** (b) Date thereof **Nov. 30th 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Mo.**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **918 Brooklyn ave. Kansas City Mo.**

19. (a) **11-30-41** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6230 Wabash**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **29**  
year **1941** hour **11** minute **15** M.

21. I hereby certify that I attended the deceased from **6/15/40**  
to **11/29**, 19**41**,  
that I last saw **her** alive on **11/29**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 7 days**

Due to **Arteriosclerosis - Ch. Hypertension of long standing**  
Due to **Ch. Bright Disease**

Other conditions **Chronic cerebral hemorrhage**  
(Exclude pregnancy within 3 months of death)

Major findings: **none** 131B  
Of operations

Of autopsy **none**

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?

While at work? **✓** (Specify type of place) (e) Means of injury **0**

23. Signature **[Signature]** (M. D. or other) **0**  
Address **4800 E 24th** Date signed **11/29/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. L. D. Edmonds  
4203 Linwood

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**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 Renzil C. Browning

Licensed Embalmer No. 2724

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.**