

S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17127

State File No. _____

FILED JUN 6 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2092

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:
5620 Woodland 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 35 yrs.
years, months or days

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. 5620 Woodland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Lee Prigmore

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour _____ minute 1:00 P. M.

21. I hereby certify that I attended the deceased from 7:00
19 41 to May 26 19 42
that I last saw him alive on May 25 19 42
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife James P. Prigmore

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 18 1870
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis generalised + cerebral

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

8. AGE: Years 72 Months 0 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Liberty Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry F. Blank

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

14. Maiden name Mary S. Kemp

15. Birthplace Liberty Ill
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant James P. Prigmore

(b) Address 5620 Woodland

17. (a) Burial (b) Date thereof May 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C.R. Foster

(b) Address 918 Brooklyn

19. (a) 5-28-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Delia C. Williams (M. D. or other) _____

Address 806 Prof. Bldg Date signed 7/27/42

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

48
303

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.

Handwritten notes:
2-4-38
7, 4858
11th & Grand