

FILED JUL 17 1942
Registration District No. 688

Primary Registration District No. 4412

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town FRANKFORD Jun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82
(c) City or town FRANKFORD 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ORION ROBIN PRITCHETT

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JENNIE TRUE PRITCHETT 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC 20 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 26 hr. _____ min.

9. Birthplace FRANKFORD MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED STOCKMAN

11. Industry or business _____

12. Name WILLIAM PRITCHETT

13. Birthplace PIKE Co. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA OWEN JOHNSON

15. Birthplace MARION Co MISSOURI
(City, town, or county) (State or foreign country)

(a) Informant Beulah Weaver

(b) Address Frankford, Missouri

17. (a) BURIAL (b) Date thereof JUNE 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD MO.

18. (a) Signature of funeral director J. E. Meason

(b) Address Frankford, Mo.

19. (a) 6/18/42 (b) Mrs R. C. Norman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1942 to June 16, 1942 that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 W. L. ... M. D. or other _____

Address Frankford Mo Date signed 6/18/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-42-1427

Date Filed JUL-15-1942

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 Lowell J. Ferguson

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.