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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23564

Registrar's No. 2662

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

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:
3830 Bales Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3830 Bales Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Gertrude Mithen Pratt

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 2

6. (b) Name of husband or wife James R. Pratt

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

7. Birth date of deceased Nov. 15, 1889
(Month) (Day) (Year)

8. AGE: Years 52 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Lafayette, Indiana. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Luke Mithen
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Honorah Short
15. Birthplace St. Charles, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter S. Taylor
(b) Address 3830 Bales Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Birmingham, Alabama

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home
(b) Address 4316 Troost Ave.

19. (a) July 12 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th.
year 1942 hour 7.30 A.M. minute M.

21. I hereby certify that I attended the deceased from June 22, 1942, to July 11, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis with Hypertensive Cardio-vascular disease	2 wks
Due to Chronic Nephritis	—
Other conditions Hypertension (Include pregnancy within 3 months of death)	~~5 yrs~~

131B

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
Was it at work? (e) Means of injury

23. Signature F. C. Lauer (M. D. or other)
Address 624 Professional Bldg Date signed 7/11/42

(Licensed Embalmer's Statement on Reverse Side)

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.