

FILED JUN 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mexico General O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community: 2 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Mexico Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
May 17 1943 to May 18 1943;  
that I last saw h. l. a. alive on May 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
atelectasis  
prematurity

Duration

Other conditions:  
(Include pregnancy, within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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: A. H. Van Arsdale (M. D. or other)  
Address: Montgomery City Mo Date signed 5/18/43

3. (a) PRINT FULL NAME Richard Regal Pritchett

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased: May 17 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
4 hr. 30 min.

9. Birthplace: Mexico Mo (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name: Earl H Pritchett

13. Birthplace: Pike Co Mo (City, town, or county) (State or foreign country)

14. Maiden name: Edna Evans

15. Birthplace: Lincoln Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Earl H Pritchett

(b) Address: Bellflower Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-19-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Gion Cem Fulton Mo

18. (a) Signature of funeral director: O. A. Jones

(b) Address: Bellflower Mo

19. (a) 5/19/43 (Date received from registrar) (b) Margaret H. Mackie (Registrar's signature)

1074

RECEIVED

District Health Officer No. 10

District File Number 6-43-958

Date Filed JUN 5 1943

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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *W. R. Jones*

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.