

NOV 6 1943

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Rural - Bland R. 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clay Trust
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford
 (c) City or town Rural, Cuba, R. 3
(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 _____

3. (a) PRINT FULL NAME Elizabeth Pritchett

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

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

6. (b) Name of husband or wife Alpha C. Pritchett 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 9 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 28 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business Home

12. Name Marion Kaynes

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

14. Maiden name Sarah Barbara

15. Birthplace Byron Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hugh Smith

(b) Address Bland, Mo. R. 1.

17. (a) Burial (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem Bland, Mo

18. (a) Signature of funeral director Jagameyer-Murray

(b) Address Quinnville, Mo

19. (a) Oct 10, 1943 (b) Myrtle M. Wendel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
 year 1943 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 29 ~~1943~~ 1948 to Oct 7 1948
 that I last saw him alive on Oct 7 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart lesion

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Edsel Wallis (M. D. or other)
 Address Quinnville Mo Date signed 10-9-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert M Murray
Licensed Embalmer No. 3749
P. O. Address Owensville, 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.