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5-17-39  
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11261

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 12 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
811 So. McGregor St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 39 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 So. McGregor St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME HENRIETTA J. PRITCHARD

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

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

6. (b) Name of husband or wife J. R. Pritchard  
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 21 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 16  
If less than one day hr. min.

9. Birthplace Knox County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

12. Name L. G. L. Hoover

13. Birthplace Holmes County Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Whistler

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

16. (a) Informant Mrs. W. R. Custis  
(b) Address 811 McGregor St., Carthage, Mo

17. (a) Burial (b) Date thereof Mar. 9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage Missouri

19. (a) Made 9-44 (b) Elizabeth Corplein  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1944 hour 6 pm minute M.

21. I hereby certify that I attended the deceased from March 5, 1944 to March 5, 1944  
that I last saw her alive on March 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 6 hrs  
Duration

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 Dr. Knobel Smith (M. D. or other) M.D.  
Address Carthage, Mo Date signed 3-8-44

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

49  
3

49  
3

MOTHER FATHER

1203

44-9-286

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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.....

*Emm. R. Stuef*

Licensed Embalmer No. *391*.....

P. O. Address *Carthage*.....

**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.**