

FILED JUL 9 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 77

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

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Rural Richmond  
(c) Name of hospital or institution: Seaside Community  
(d) Length of stay: all of life  
In this community all of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Ray  
(c) City or town Rural  
(d) Street No. Cowgill  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Sarah Elizabeth Prichard  
3. (b) If veteran, name war K  
3. (c) Social Security No. K

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 21 year 1946 hour 4 minute 30 AM  
21. I hereby certify that I attended the deceased from June 18, 1946 to June 21, 1946; that I last saw her alive on June 21, 1946; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 88 years  
7. Birth date of deceased Mar 4 1866

Immediate cause of death Chronic Myocarditis

8. AGE: Years 80 Months 3 Days 17 If less than one day hr. min.

Due to Senile Debility

9. Birthplace Ray Co Mo

Due to

10. Usual occupation Housewife

Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business  
12. Name William B Barber  
13. Birthplace W. Va  
14. Maiden name Martha Jane Rippey  
15. Birthplace W. Va

Major findings: Of operations 93d  
Of autopsy

16. (a) Informant William Prichard  
(b) Address Cowgill Mo  
17. (a) Burial (b) Date thereof 6-25-1946  
(c) Place: burial or cremation Cowgill Mo  
18. (a) Signature of funeral director Exelsior Springs Mo  
(b) Address Exelsior Springs Mo  
19. (a) June 27-46 (b) M. A. Jackson

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) 2  
(Specify means of injury)  
23. Signature W. A. Jackson (M. D. or other) MD  
Address Cowgill Mo Date signed 6-21-46

RECEIVED

District Health Officer No. 8,  
District File Number

Date Filed 2-8-46

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 Claude Richard

Licensed Embalmer No. 27516

P. O. Address Excelsior Springs

**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.