S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY.
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24334

Primary Registration District No. 1002

Registrar's No. 3188

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: DYSS NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1½ YEARS (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3918 CHARLOTTE STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ADDIE PRATHER
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: WIDOWED
6. (b) Name of husband or wife: WILLIS M. PRATHER
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: OCT (Month) 14 (Day) ~~1868~~ 1867 (Year)

8. AGE: Years 79 Months 9 Days 13 If less than one day hr. min.

9. Birthplace: NEAR ODESSA (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
FATHER 12. Name: WILLIAM SECHREST
13. Birthplace: UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
MOTHER 14. Maiden name: BAUGHN
15. Birthplace: (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant: MRS. FRANK H. BLAUW
(b) Address: 204 EAST 68TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 29 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. WASHINGTON CEM.
18. (a) Signature of funeral director: O. H. Heuermann's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 7-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27th year 1947 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept 2 1946 to July 1947 that I last saw her alive on July 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia (Lobar)	
Due to: Senility	
Due to: 2 years Past fracture of R. hip	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
Of autopsy:	

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) D.O.
Address: 243 Westy Blvd Date signed: 7/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Worthy Bdy.

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 John E. Fraking Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.