

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37671**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3078 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage	c. LENGTH OF STAY (in this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 743 Central		d. STREET ADDRESS (If rural, give location) 743 Central	

3. NAME OF DECEASED (Type or Print)	a. (First) Winnie Jane	b. (Middle) Pratz	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12-5-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-6-78	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR (Months) 9	IF UNDER 24 HRS. (Hours) 29	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Lawrence Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME David Hunnell	13b. MOTHER'S MAIDEN NAME Margaret Taylor	14. NAME OF HUSBAND OR WIFE O. F. Pratz
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Calvin Pratz, Chicago, Ill	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		over 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4722

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1947, to 6 Dec '49, 1949, that I last saw the deceased alive on 5 Dec '49, and that death occurred at 5 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 7-Dec '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 8-1949	24c. NAME OF CEMETERY OR CREMATORY Park	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
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DATE REC'D BY LOCAL REG. Dec 8-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, Carthage, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-12-49
Jasper County Health Office

County File Number 49-11-939

Date Filed 12-12-49

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

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *John S. Pennek*
Licensed Embalmer No. 4194
P. O. Address

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.