

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9483

State File No.

Registrar's No. 76

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Colfax
(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs.
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Centertown Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES OLIVER PRITCHARD

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MO 5. Color or race White 6. (d) Single widowed, married, divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Sept 15 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 23 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Ralph Pritchard

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

14. Maiden name Mable Newberry

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

16. (a) Informant Ralph Pritchard

(b) Address Centertown Mo.

17. (a) Centertown Mo. (b) Date thereof. 4 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cem.

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo.

19. (a) 4-8-45 (b) Therma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 45 hour 9³⁰ minute 2 M.

21. I hereby certify that I attended the deceased from 4/7/45 19... to 4/8/45 19...
that I last saw him alive on 4/8/45 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days

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 David G. [Signature] M. D. or other.....

Address Jefferson City Mo. Date signed 4/8/45

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

6
57
7

894

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-12-45

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 Wm. E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.