

DEC 30 JAN 1 3 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41717
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Jackson City (d) Street No. St. Mary's Hospital Registered No. 4783
 (If death occurred in Hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Thomson E. Pruitt St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Nesha Missouri

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Pruitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1889

7. AGE YEARS 49 MONTHS 3 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Witchman
 9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Southern P.R.
 10. Date deceased last worked at this occupation (month and year) 9-25-38 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nesha Mo.

FATHER 13. NAME Thomas Jefferson Pruitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary E. Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrhage Mo.

17. INFORMANT (ADDRESS) Mrs Gertrude Pruitt
Nesha Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Nesha Mo. DATE Dec 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. H. Newcombs
Brush Creek & Passo.

20. FILED Dec 8 1938 M. M. Browe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Dec 8 1938

I last saw him alive on Dec 7 1938 Death is said to have occurred on the date stated above, at 5:00 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cecum Date of onset ?
46

Other contributory causes of importance: Carcinomatous

Name of operation Exploratory incision Date of 10/5/38

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 so, specify no
 (Signed) [Signature] M. D.
 (Address) 800 Argyle Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. X14023

11/1/11

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 *Lawrence Carr*

Licensed Embalmer No. *4031*

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, above space should be left blank.

V. S. NO. 2
2014-11-12