

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

FORM 9-19-38 1 X16605

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.

38-10257
OCT 14 1939

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

31273
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City..... (d) Street No. **791** Registered No. **8336**
Erwin Darlogge Hosp.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Clarence Pratt**

(a) Residence, No. **1865 1/2 South** St. **23** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **white**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 17 - 1907**

| | | | |
|--------------|----------|----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| 31 | - | 7 | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Richwoods mo**

FATHER

13. NAME **Frank Pratt**

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Louis mo**

MOTHER

15. MAIDEN NAME **Victory Emily**

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Richwoods mo**

17. INFORMANT (ADDRESS) **Erwin Darlogge (Patient)**
1865 1/2 South St.

18. BURIAL, CREMATION, OR REMOVAL **Removal**
PLACE **Richwoods** DATE **Mar 26 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **P. H. Doyers**
Richwoods mo

20. FILED **SEP 29 1939** **J. F. Bedrick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-24** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **9-7** 19**38**, to **3-24** 19**39**

I last saw h. **live** alive on **3-24** 19**39** Death is said to have occurred on the date stated above, at **2:10 Am.**

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

Bilateral pulmonary tuberculosis

subduching matic abscess

Other contributory causes of importance:

fecal fistula resulting from Volvulus of small intestine

Date of onset **9-8-38**

Name of operation **Laparotomy** Date of **9-7-38**

What test confirmed diagnosis? **Spurting** Was there an autopsy? **ye**

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**

If so, specify.....

(Signed) **C. J. W. Santos** M. D.

(Address) **Erwin Darlogge Hospital**

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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.....

Licensed Embalmer No.....

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.