

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

39780
Do not use this space.

1. PLACE OF DEATH *Home*

(a) County *Walt.* Registration District No. *372*

(b) Township *Walden* Primary Registration District No. *4218*

(c) City *Mound City Mo.* (d) Street No. _____ (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 *Albert Prusman*

(a) Residence, No. _____ St. (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) Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5 1862*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>77</i>	<i>5</i>	<i>4</i>	

OCCUPATION

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

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) *Cleveland Ohio*

FATHER

13. NAME *John Prusman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Mrs Anna Prusman Mound City Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walden* DATE *11/11* 19 *39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. G. Hogan Mound City Mo.*

20. FILED *11-11* 19 *9* *John Prusman* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9* 19 *39*

22. I HEREBY CERTIFY That I attended deceased from *May 9* 19 *38*, to *Nov 9* 19 *39*

I last saw him alive on *Nov 8* 19 *39* Death is said to have occurred on the date stated above, at *5:30* a. m.

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

Carcinoma of Stomach - Pylorus

Date of onset _____

Other contributory causes of importance: *Hb*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Stomach-tomography* 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*

If so, specify _____

(Signed) *W. G. Hogan* M. D.

(Address) *Mound City Mo*

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.

1239-1780
DEC 18 1939

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 *H. Crawford*

Licensed Embalmer No. 1834

P. O. Address Maund City 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, above space should be left blank.