

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: 1116 Roanoke  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 130  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1116 Roanoke  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ISAAC VAN BUREN PRUITT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ESSIE PRUITT 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased Dec 13 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler Roane

11. Industry or business Jeweler

12. Name Martin Van Buren Pruitt

18. Birthplace La.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Buchanan  
(City, town, or county) (State or foreign country)

15. Birthplace Ga.  
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Pruitt

(b) Address Springfield Mo.

17. (a) Buried (b) Date thereof 7th 10-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sycamore Okla

18. (a) Signature of funeral director J. W. Singner & Co.

(b) Address Springfield Mo.

19. (a) 2/10/40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th  
year 1940 hour 6 minute 15 p.m.

21. I hereby certify that I attended the deceased from Dec 27  
1939 to Feb 7 1940  
that I last saw him alive on Feb 7 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr-Nephritis - Arterio sclerotic.

Due to Arterio sclerosis

Due to 12/1

Other conditions Influenza

Major findings: Of operations none

Of autopsy none

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) (a) Means of injury

23. Signature Francis B. Camp (M. D. or other) 1  
Address Springfield Date signed Feb 8-40

Duration ?  
Physician Sida  
Underline the cause to which death should be charged statistically.

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

**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.....

*J. B. Klinger*

Licensed Embalmer No. *3058*

P. O. Address *Springfield*

**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.**

*Y*