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

FILED APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12619

Registration District No. 839 Primary Registration District No. 4510. Registrar's No. 12

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Essex
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rosella Prater 636

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ross A. Prater

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

7. Birth date of deceased Nov. (Month) 6 (Day) 1881 (Year)

8. AGE: Years 58 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St. Marys (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John A. Townsley
13. Birthplace No Record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Nancy Carver
15. Birthplace St. Genevieve (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Ross A. Prater
(b) Address Essex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Idalia Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 3-16-40 (Date received local registrar) J P Brandon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from March 8, 1940, to March 15, 1940 that I last saw her alive on March 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Erysipelas	
Due to Generalized Septicemia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 15 P	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 754 (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr W J Heix (M. D. or other)
Address Essex Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 440-9
Date Filed 4/1/6

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~~ J. E. Stuckhart, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed J. E. Stuckhart

Licensed Embalmer No. 3479

P. O. Address Clayton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.