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11-10-39  
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INDEX AUG 28 1940

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25737

FILED AUG 10 1940  
553

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5746

Registrar's No. 9

1. PLACE OF DEATH: **Mercer**

(a) County \_\_\_\_\_

(b) City or town **Rural (Marian Township)**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **Three** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Utah** (b) County **Summit**

(c) City or town **Part City**  
(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

8. (a) PRINT **\*\* Earnestine Henry Prather**  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **529-01-7117**

4. Sex **Male**

5. Color or race **White**

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

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Oct. 7 1903**  
(Month) (Day) (Year)

8. AGE: Years **36** Months **9** Days **32** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Misess**

11. Industry or business **Lead & Zinc Mines**

12. Name **Lloyd Prather**

18. Birthplace **Ind.**

14. Maiden name **Martha Jane Mulvania**

15. Birthplace **Mo.**

16. (a) Informant **Lloyd Prather**

(b) Address **Mercer Mo. R.F.D.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/1-1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Harlem Cemetery - Mercer Co. Mo.**

18. (a) Signature of funeral director **D. O. Bremer**

(b) Address **Lineville Iowa**

19. (a) **Aug 8 1940** (Date received local registrar) (b) **S. P. Davis** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30** year **1940** hour **110** minute **P. M.**

21. I hereby certify that I attended the deceased from **September 8**, 19**37**, to **July 30**, 19**40** that I last saw him alive on **July 25**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary Tuberculosis**

Due to \_\_\_\_\_

Due to **77**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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? **492**

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

23. Signature **Dr. R. A. Martin** (Physician) Address **Mercer Mo** Date signed **Aug 1 1940**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11

District File Number 840-1296

Date Filed AUG 14 1940

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

Ames L Greiner R.E. #3967, Registered Apprentice No.

working under my personal supervision.

Signed O-O Greiner

Licensed Embalmer No. 872

P. O. Address Linnville, 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.