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FILED OCT 23 1940

STANDARD CERTIFICATE OF DEATH

State File No. 31825

Registration District No. 231

Primary Registration District No. 5314

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Rural Missouri
(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 3
(Specify whether)

In this community 3
years, months or days

3. (a) PRINT FULL NAME William Pratt

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

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

6. (b) Name of husband or wife Georgia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 18 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33 11 23 hr. _____ min.

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

10. Usual occupation U

11. Industry or business U

12. Name William Pratt

13. Birthplace Bonne Terre Mo
(City, town, or county) (State or foreign country)

14. Maiden name Betty Veticoe

15. Birthplace Bonne Terre Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Pratt

(b) Address _____

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 10-8-40 (b) Blibas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Killed in automobile upset. no physician

Due to attended.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 710 mm 2.5

Of autopsy _____

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? 5 mi. south of Steelville on high way 19
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Route
(Specify type of place)

While at work? No (e) Means of injury _____

23. Signature Harry M. Jones (M.D. or other) Coroner

Address Steelville Mo Date signed 8-26-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 10401027

Date Filed -----

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 Harry

M. Jonas Registered Apprentice No.
working under my personal supervision.

Signed Harry M. Jonas

Licensed Embalmer No. 2628

P. O. Address Steelville, 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, fact should be so stated above.