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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38124  
Registrar's No. 16

Registration District No. 74

Primary Registration District No. 5113

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Centralia, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Washing Frk  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 8 weeks years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Boone (b) County MO  
(c) City or town Centralia Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mila Maude Prunty  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 17  
year 1940 hour 12 minute 150 M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife R.F. Prunty  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 29 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 11/17/40, 19\_\_\_\_;  
that I last saw her alive on 11/14/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis

8. AGE: Years Months Days If less than one day  
78 11 18 min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Ervin Miller

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Agathe Taylor

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

16. (a) Informant Mrs. Harvey Munsell

(b) Address Centralia MO

17. (a) Removal (b) Date thereof 11/18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Voland Cem Iowa

18. (a) Signature of funeral director Mrs. M. J. Hancock

(b) Address Centralia MO

19. (a) 9/17-1940 (b) Mrs. F. Hancock  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to 432

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_ (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)  
(e) Means of injury \_\_\_\_\_

23. Signature M. J. Hancock (M. D. or other)

Address Centralia MO Date signed 11/17/40

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

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

MOTHER FATHER  
DEC 11 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed *M. McHarris*

Licensed Embalmer No. *2589*

P. O. Address *Centerville 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.**