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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25028

Registration District No. 294 Primary Registration District No. 4178 Registrar's No.

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

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0

1. PLACE OF DEATH:

(a) County Franklin Co.
(b) City or town St. Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Clair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 036 3 0
(c) City or town Saint Clair
(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.? 0 years.

3. (a) PRINT FULL NAME Mary Artimeca Prather
3. (b) If veteran, name war
3. (c) Social Security No. 488-07-7816
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Walther James Prather
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased 5 (Month) 6 (Day) 1913 (Year)

8. AGE:	Years	Months	Days	If less than one day
28	28	2	14	hr. min.

9. Birthplace Jadwin (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Shoe worker & wi
11. Industry or business International Shoe Factory
FATHER
12. Name Charles Rough
13. Birthplace Dent Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Nora McDonald
15. Birthplace Dent Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Alvin Lough
(b) Address St. Clair, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 22 (Day) 41 (Year)
(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair, Mo.
19. (a) Aug. 9, 1941 (Date received local registrar) (b) M. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1941 hour 18 minute 9 M.
21. I hereby certify that I attended the deceased from Sept. 4, 1939, to July 20, 1941; that I last saw her alive on 7-20-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bowels — Duration 2 years
Due to
Due to 46 8
Other condition Obstruction Bowel — 5 wks
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Kitchell (M. D. or other) 1
Address St. Clair Date signed 7/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Me.

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.