No.

X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32805

Registration District No. 10 32 Primary Registration District No. 6144 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town X RURAL Pierce 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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 102

(c) City or town X Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Pierce Township 0
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM A. PRUETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARTHA BOWEN

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

7. Birth date of deceased FEB (Month) 2, (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. min.

9. Birthplace CLEAR SPRINGS, (City, town, or county) OHIO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name John P. Pruett

13. Birthplace X (City, town, or county) / Tennessee (State or foreign country)

14. Maiden name Nancy Watson

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

16. (a) Informant Barney Pruitt

(b) Address Willow Springs, Mo.

17. (a) Sept 2, 1941 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Buried at Mt. Olive Cemetery

18. (a) Signature of funeral director J C Burns

(b) Address Willow Springs, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1941 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from August 19 1941 to 19; that I last saw h. i. M. alive on August 19 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 wks.
Due to: hypertension and arteriosclerosis	
Due to:	
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature O. P. Callihan (M. D. or other) M.D.

Address W. 119 W. 3 pl.; Nog S, Mo. Date signed 7-5-41

(Licensed Embalmer's Statement on Reverse Side)

R... /
Distri... ...mber No. 5,
District File Number 8811921
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Not embalmed

Signed J C Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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, fact should be so stated above.

S. No. 2B
I—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32805

Registration District No. 1032 Primary Registration District No. 6144 Registrar's No.

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A. Pruett
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 W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 2, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Barney Pruett
(b) Address Clear Springs Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Nov-17 (Date received local registrar) (b) Paul V. Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day
year 1941 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

1941
S-32805