DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

Registration District No. 64

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5244

State File No. 30080

Registrar's No. 66

1. PLACE OF DEATH: Cockrell Twp.

(a) County: Chariton

(b) City or town: Hamden (Rural.) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 49 yrs residence! (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: Mo. (b) County: Chariton

(c) City or town: Hamden Rural (If outside city or town limits, write "RURAL")

(d) Street No. 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Effie Margaret Prather

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: Joel Thomas Prather

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: March (Month) 2 (Day) 1873 (Year)

8. AGE: Years 69 | Months 6 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: near Hamden (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: ____

FATHER 12. Name: William M. Smith

FATHER 13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Jona Hook

MOTHER 15. Birthplace: unknown. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lona F. Prather

(b) Address: Fayette Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 9 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant View

18. (a) Signature of funeral director: James M. Laughlin

(b) Address: Marceline Mo.

19. (a) 9/10/42 (Date received local registrar) (b) R. A. Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 25, 1942, to July 27, 1942, that I last saw he alive on July 27, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	30 min.
Due to: Chronic myocarditis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

93d

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: John W. Adams (M. D. or other)

Address: Marceline Mo. Date signed: 9/10/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
Local File Number .....
Date Filed 10-8-42

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.