

FILED MAY 25 1943

Registration District No. 381

Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Coza, Mo. Duncan Twp.
(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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Coza, Duncan Twp.
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

James H. Pratt

3. (b) If veteran, name war

no

3. (c) Social Security No. none

4. Sex

Male

5. Color or race White

5. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Elizabeth Pratt

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

7. Birth date of deceased

Sept. 9, 1857

(Month) (Day) (Year)

8. AGE:

Years 85 Months 7 Days 0

If less than one day hr. min.

9. Birthplace

Linn Co. MO.

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer retired

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

Good Pratt
Linn MO.
Mary M. Lord
Tenn.

16. (a) Informant

Mrs Guy Brookshier

(b) Address

Coza Mo

17. (a)

Coza Mo

(b) Date thereof

Apr. 11, 1943

(c) Place: burial or cremation

Jenkins Cem. Brown

18. (a) Signature of funeral director

Schweener

(b) Address

Wilton, Mo. Frank D.

19. (a)

May 2 - 43

(b) Mrs. R. D. Green

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from December 1942 to April 6 1943 that I last saw him alive on April 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Duration 3 mo

Due to

Due to

Other conditions: nephritis (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?

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

23. Signature J.R. Mearta (M. D. or other) Address Brown Mo Date signed April 1943

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

7-39
X28390
005

RECEIVED

District Health Officer No. 10

District File Number 5-43-911

Date Filed MAY 21 1943

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 Frank J. Schwen

Licensed Embalmer No. 1670

P. O. Address Milan, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 281

Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Cosa
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

James H. 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 W

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

7. Birth date of deceased Sept 9 (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days _____ If less than one day _____ min.

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

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 _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day _____
year 1943 hour _____ minute _____ M.

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

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

Immediate cause of death cerebral hemorrhage

Due to _____

Due to nephritis & chronic uremia

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature J.P. McArthur (M. D. or other) _____
Address Browning, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-19293