

No. 2  
M-2.43  
5-17-38  
Y X 381

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35923

OCT 25 1943

331

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 6113

Registrar's No. 12

1. PLACE OF DEATH:

(a) County SCOTT  
(b) City or town BENTON (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NONE / Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT  
(c) City or town BENTON (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#1 BENTON MO  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETHEL PRAUL GUNTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased JANUARY 27 1907  
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 11 If less than one day hr. min.

9. Birthplace SCOTT MO. CO. MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

12. Name PETE PRAUL

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

14. Maiden name ETTA ROGERS

15. Birthplace EAST PRAIRIE MO. O  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. PETE PRAUL

(b) Address R#1 BENTON, MO

17. (a) BURIAL (b) Date thereof 9-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKDALE - COMMERCE MO.

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, MO

19. (a) Sept. 14, 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 8  
year 1943 hour 1 minute 05 AM.

21. I hereby certify that I attended the deceased from Sept 1 1943 to Sept 8 1943  
that I last saw him alive on Sept 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 1 Yr

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?

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

23. Signature [Signature] (M. D. or other)

Address Benton MO Date signed 9/9-43

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

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1128

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 2,  
District File Number 1043-1353  
Date Filed 10-20-43

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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 *John T. Minner*  
Licensed Embalmer No. 3851  
P. O. Address *Charleston W.*

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.