

FILED JAN 25 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution
1807 Prospect ave
(d) Length of stay: In hospital or institution.
In this community Life res.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1807 Prospect ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME OLLIE-ELIZABETH-PRUETT

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

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Harvey P
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan 12 1887

8. AGE: 57 Years
Months Days If less than one day

9. Birthplace Buchanan Co Mo

10. Usual occupation at home

11. Industry or business

12. Name Levador Sherwood
13. Birthplace Mo

14. Maiden name Laura Pearson
15. Birthplace Mo

16. (a) Informant M. Pruett
(b) Address St. Joseph Mo

17. (a) Burial, cremation, or removal B
(b) Date there Jan 17-1944
(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director St. Joseph Funeral Home
(b) Address St. Joseph Mo

19. (a) 1-17-44 (b) R. H. Grogan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1944 hr 8:30 minute P M.

21. I hereby certify that I attended the deceased from Dec. 13, 1943 to Jan. 13, 1944
er and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Disease, arterio-sclerotic Myocarditis, Chr.
Due to Arteriosclerosis, general

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?

23. Signature M. H. Hall M.D.
Address St. Joseph, Mo. Date signed 1/15/44

OCT 5 1944

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 Roy Slawey

Licensed Embalmer No. *2835*

P. O. Address..... *St Joseph*

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.