

FILED APR 13 1944

State File No. 10622

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 21

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Atwood Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME Albert S. Prout
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, Married, divorced, Married
 6. (b) Name of husband or wife Rosa Buchanan 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Apr. 19 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rubber Man

11. Industry or business _____

MOTHER FATHER
 12. Name Rob't. Prout
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Williams
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. S. Prout
 (b) Address Wakenda

17. (a) Burial (b) Date thereof 3-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley
 (b) Address Carrollton Mo

19. (a) 3-9-1944 (b) Mrs. Juan Rifferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Carroll
 (c) City or town Wakenda
(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 Mar day 7
 year 1944 hour 3 minute 15⁰⁰ P. M.
 21. I hereby certify that I attended the deceased from Feb 6th
 1944, to March 7th 1944
 that I last saw h. her alive on 3-7 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
 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 W. H. Atwood (M. D. or other) _____
 Address Carrollton Mo Date signed 3/10/44

1053

RECEIVED

District Health Officer No. 8

District File No. 101

Date Filed

4-12-47

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.....

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address

Carrollton, Ga

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.