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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6105

State File No. 19251

Registrar's No. 21

Simmonds

1. PLACE OF DEATH:

(a) County Scotland

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

(c) ~~Name of hospital or institution:~~ 1 "Mt Pleasant Twp" (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) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

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

(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 William Walter Pruett

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 Married

6. (b) Name of husband or wife Rose E. Pruett

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 22 (Day) 1869 (Year)

8. AGE: Years 74 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Laburn Pruett
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira March
15. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Rose E. Pruett

(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bible Grove

18. (a) Signature of funeral director Gerth & Barkett

(b) Address Memphis Mo

19. (a) June 5-1944 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from May 27, 1944, to June 1st, 1944 that I last saw her alive on June 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)

Due to

Due to High B.P.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. E. Symmonds (M. D. or other) DO

Address Memphis Mo Date signed June 5 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 6-44-L
Date Filed JUN 9 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 Fred Gurth

Licensed Embalmer No. 4256

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.