V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Vinyard

State File No. 34277

Primary Registration District No. 2000

Registrar's No. 861

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)
In this community 16 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Pierce City
(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

3. (a) PRINT FULL NAME Nathan Pruitt
3. (b) If veteran, name war UNK.
3. (c) Social Security No. UNK.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vina Pruitt
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased Oct. (Month) 22, (Day) 1876 (Year)

8. AGE: Years 68 Months 0 Days 8 If less than one day hr. min.

9. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Edward Pruitt
13. Birthplace UNK. (City, town, or county) Ky. (State or foreign country)
14. Maiden name Mary Jane Omahondra
15. Birthplace UNK. (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Mrs. Nina Pruitt
(b) Address Pierce City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-31-44 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1944 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct-21 1944 to Oct 30 1944 that I last saw him alive on 10-30-1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	4 hrs.
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatic	4 yrs.
Major findings: Of operations Hypertrophy Prostatic Hyp.	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robt Vinyard (M. D. or Coroner) M.D.
Address Springfield Mo Date signed 10-31-44

(Licensed Embalmer's Statement on Reverse Side)

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 H. L. McCann

Licensed Embalmer No. 2727

P. O. Address.....

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.

X