

No. 2
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-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948
Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3580

State File No. _____
Registrar's No. 21

Primary Registration District No. 5910

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steels rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Steels rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pemiscot Imp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME King Prater
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1946 hour 6 minute 30 P.M.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian Prater 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 2 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-5- 1946 to 1-10- 1946
that I last saw him alive on 1-10- 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 9 Days 10 If less than one day
hr. _____ min. _____

Immediate cause of death Cardio-renal vascular disease
Due to _____
Due to _____

9. Birthplace Wayne Co. Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name France Prater
13. Birthplace Wayne Co Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Prater
15. Birthplace Wayne Co Tenn
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Lillian Prater
(b) Address Cynthiana Mo
17. (a) Burial (b) Date thereof 1-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Sim
18. (a) Signature of funeral director J. Harmon
(b) Address Steels Mo
19. (a) 2-8-46 (b) Jesse B. Hicks
(Date received local registrar) (Registrar's signature)

23. Signature J. Harmon (M. D. or other) _____
Address Cynthiana, Mo Date signed 2-7-46

247

(Licensed Embalmer's Statement on Reverse Side)

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

1740

1-46-38

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 W German*

Licensed Embalmer No. *4355*

P. O. Address, *Steele, Mo Box 487*

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.