

FILED JUL 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 4313

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Elmer
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Elmer
(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 GEORGE HARRY PRENTICE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 3 minute _____ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theodoshia Prentice 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased NOV. 10 - 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1, 1946 to May 7, 1946, that I last saw him alive on May 7, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 5 Days 27 hr. _____ min. _____
If less than one day

Immediate cause of death corner of meningitis + pneumonia Duration 6 months

9. Birthplace Macon County Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name Nathaniel C. Prentice 1
13. Birthplace Ind.
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy 46 to

14. Maiden name Faunie Sparks

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Theodoshia Prentice

(b) Address Elmer, Mo.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 9 1946
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Elmer

(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? _____

18. (a) Signature of funeral director Chas. M. Callum

(b) Address Elmer, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) June 12-46 (b) Daphne Haurton
(Date received local registrar) (Registrar's signature)

23. Signature H. D. L. H. D. (M. D. or other) _____
Address Elmer, Mo. Date signed 5/7/46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1256

Date Filed JUL 3 1946

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

Clyde M. Collins

Licensed Embalmer No. 3226

P. O. Address Clmer Mo.

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.