S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29355

Registration District No. 356 Primary Registration District No. 6205 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution:
15 MI. S.W. SUMMERSVILLE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 30 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS 101

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

(d) Street No. 15 MI. S.W. SUMMERSVILLE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GILBERT QUILLER PRUETT

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife FLORENCE 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased OCT (Month) 21 (Day) 1873 (Year)

8. AGE: Years 73 Months 10 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace TEXAS (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name RANDOLPH PRUETT
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant Sadie Garrison
(b) Address Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director None
(b) Address

19. (a) Aug 19-1946 (Date received local registrar) (b) Mrs C. E. Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 9
year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from JAN 7, 1946, to AUGUST 2, 1946
that I last saw him alive on AUGUST 2, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS	
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?
(Specify type of place)

While at work? ____ (e) Means of injury

23. Signature Dr Lavere Hampton (M. D. or other) DO
Address Summersville Mo Date signed Aug 10

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(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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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..