

S. No. 2
1-43
5-17-39
P 1 237823

State File No. _____

FILED FEB 11 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County... Washington
(b) City or town...
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union Loop
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amos Lewis PRATT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-20-6915

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

6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased. June 14 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Crouse Mo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation General Labor

11. Industry or business _____

12. Name William PRATT

13. Birthplace Crouse Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Declue

15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa PRATT

(b) Address Cadet, P.O. No. 1

17. (a) Burial (b) Date thereof Feb 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old Mines Mo

18. (a) Signature of funeral director Bayne Funeral Home

(b) Address Catusi Mo

19. (a) Feb 4 45 (b) Mrs. G.T. Creswell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis

Due to _____
Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings: Ascaris lumbricoides
Of operation _____
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?

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature T.A. Demko Crouse
Address Washington Co Date signed 2-5-47

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

MOTHER FATHER

FEB 20 1947

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 Mary M. Smith
Licensed Embalmer No. 4394
P. O. Address Potosi, 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.