

No. 2
9-4-41
-17-39
X29484

FILED SEP 3 1947
Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 MI. So. E Versailles 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South of Versailles, Mo.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ALICE J. PRATHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 537-14-7019

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Olivar Prather 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June 30 1912
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Lebanon Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Wm. M. Bozarth

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

14. Maiden name Bernice Jones

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

16. (a) Informant Mrs Arthur Ferguson

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Aug. 31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Cem.

18. (a) Signature of funeral director W. T. Nelson

(b) Address Versailles, Missouri

19. (a) 8-30-47 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature) V. C. C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 th
year 1947 hour 1 minute 20 A.M.

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

Immediate cause of death Fractured neck

Due to External Injuries

Due to _____

Other conditions ADDITIONAL SUPPLEMENTARY INVESTIGATION
(Include pregnancy within 1 year of death)

Major findings: Of operations COLLECTED

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) Accident 71

(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 Rich L. ... (M. D. or other) _____
Address Morgan County, Missouri signed _____

Versailles Mo
Ran up Roadway

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 8-47-1030
Date Filed 9-2-47

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.

Signature *E. F. Knull*

Licensed Embalmer No. 1596

P. O. Address Versailles, Missouri.

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.

Registration District No. 236

Primary Registration District No. 5818

1. PLACE OF DEATH:

(a) County Moigan

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

3. (a) PRINT FULL NAME Abiel J. Prather

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced on

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 30 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months _____ Days _____
If less than one day: hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 28
Year 1947 Hour _____ Minute _____ 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 _____

Due to traumatic injuries
crushed over turned

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) accident

(b) Date of occurrence Aug 28 1947

(c) Where did injury occur? Sum Spring Hill 120 AM
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1 1/2 miles So. East of Versailles Mo.
While at work? no (Specify type of place) (e) Means of injury traumatic injuries
crushed over turned

23. Signature B. L. Trueman (M. D. or other) Physician
Address Versailles Mo Date Aug 28 1947

SUPPLEMENTARY

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

S-28425