

Dr Henry J. Keaah
37823
State File No.

FILED NOV 25 1947

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 956

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, Springfield, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 423 Kenwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 423 Kenwood 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Pruett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carson Z. Pruett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 14 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name S.H. Wood
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Williams
15. Birthplace Millerville Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Frame
(b) Address 423 Kenwood
17. (a) Burial (b) Date thereof 11/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yellville, Ark.

18. (a) Signature of funeral director L.C. Holt
(b) Address Harrison, Ark.
19. (a) 11-15-47 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1947 hour 11:2 minute 45 A.M.

21. I hereby certify that I attended the deceased from JUNE - 1 - 46 to NOV - 6 - 47
that I last saw her alive on NOV - 4 - 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular disease
arterio-sclerosis
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Henry J. Keaah (M. D. or other) _____
Address 1530 N. Sixth St. Date signed 11/15/47

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.

Signed Gene Ragan
Licensed Embalmer No. 698
P. O. Address Harrison, Ar

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.