

No. 2  
12-45  
17-39  
X47070

FILED DEC 1 1947

Registration District No. **155**

Primary Registration District No. **5127**

Registrar's No. **174**

**1. PLACE OF DEATH:**

(a) County  Jasper

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

(c) Name of hospital or institution:  Corlett Nursing Home   
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community  35 yrs.   
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State  Missouri  (b) County  Jasper

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

(d) Street No.  196 St. Center   
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME:**  Lewis Jefferson Prokesy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex  Male  5. Color or race  White

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

6. (b) Name of husband or wife  Widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u> 92 </u>	<u> 3 </u>	<u> 26 </u>	hr. _____ min. _____

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

10. Usual occupation  Engineer

11. Industry or business \_\_\_\_\_

12. Name  Thomas J. Prokesy

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

14. Maiden name  Unknown

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

16. (a) Informant  Mrs. Ray Allison

(b) Address  Webb City, Mo.

17. (a)  Burial  (b) Date thereof  Nov 22 1947   
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Forest Park Cem.

18. (a) Signature of funeral director  Webb City Burial Co.

(b) Address  Webb City, Mo.

19. (a)  NOV 22 47  (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month  Nov  day  20   
year  1947  hour  5:30  minute  a  M.

21. I hereby certify that I attended the deceased from  11-19-47   
\_\_\_\_\_ 19\_\_\_\_, to  11-20  19 47   
that I last saw him alive on  11-20  19 47   
and that death occurred on the date and hour stated above.

Immediate cause of death:  CEREBRAL HEMORRHAGE

Duration  3 DAYS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  37

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

Signature  P.M. Conca  (M. D. or other)  D.O.

Address  CARTERSVILLE  Date signed  11-21-47

MO

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

MOTHER FATHER

## 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.....

*Dale Glover*, Registered Apprentice No. *87*  
working under my personal supervision.

Signed.....

*W. Russ Blanford*  
Licensed Embalmer No. *14015*

P. O. Address.....  
*Madison City*

**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.**