

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42632**

FILED JAN 7 1948 7 8
Registration District No. _____

Primary Registration District No. **5953**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Rural Buffalo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 Miles of Louisiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community **15 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike** **82**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 Miles South of Louisiana** **0**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY THOMAS PRAUL**

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 **Married**
6. (b) Name of husband or wife **Zanzie Emily Praul** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Nov. 1 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **13**
If less than one day _____ hr. _____ min.

9. Birthplace **Calhoun Co. Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **George Fisher Praul**

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

14. Maiden name **Ada McGafflin**

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

16. (a) Informant **Mrs. Henry T. Praul**

(b) Address **RFD Louisiana, Mo.**

17. (a) **Burial** (b) Date thereof **12/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cem. Garner & Sterne**

18. (a) Signature of funeral director _____

(b) Address **Louisiana, Missouri**

19. (a) **12-18-47** (b) **Bernice Collier**
(Date received local registrar) (Registrar's signature)

(c) _____

18. (a) Signature of funeral director _____

(b) Address **Louisiana, Missouri**

19. (a) **12-18-47** (b) **Bernice Collier**
(Date received local registrar) (Registrar's signature)

(c) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15**
year **1947** hour **11** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **1940** to **Dec. 15 1947**
that I last saw him alive on **Dec. 19 46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **None**

Of autopsy **None**

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 **Bernice Collier** (M. D. or other) _____

Address **Louisiana, Mo** Date signed **12-18-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 1-48-26
Date Filed JAN - 6 1948

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.....

Virginia M. Stone, Registered Apprentice No. 491
working under my personal supervision.

Signed Harold T. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.