

FILED JUN 28 1946
Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 493

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
745 Circle Drive
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 745 Circle Drive
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN W. PRUESS
 (b) If veteran, name war UNK.
 (c) Social Security No. UNK.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 10
 year 1946 hour 11 minute 55 P.M.
 21. I hereby certify that I attended the deceased from
6-9- 1946 to 6-10 1946
 that I last saw him alive on 6-9- 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 (b) Name of husband or wife Rebecca Pruess
 (c) Age of husband or wife if alive UNK. years
 7. Birth date of deceased March 16 1880 1866
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis with Hemiplegia
 Duration 8 yrs

8. AGE: Years 80 Months 2 Days 27
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions 15
(Include pregnancy within 3 months of death)

10. Usual occupation Frisco R. R.

Major findings:
 Of operations _____
 Of autopsy 9

11. Industry or business _____

MOTHER FATHER
 12. Name John F. A. Pruess
 13. Birthplace UNK. Germany
 14. Maiden name Wilhelmina Doers
 15. Birthplace UNK. Germany

Underline the cause to which death should be charged statistically.
 PHYSICIAN _____

16. (a) Informant Rebecca Pruess
 (b) Address 745 Circle Drive, Spfld, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Hazelwood
ALMA LOHMEYER FUNERAL HOME

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

18. (a) Signature of funeral director _____
 (b) Address 534 St. Louis St., Springfield, Mo

23. Signature C. E. Fuller (M. D. or other) _____
 Address Springfield, Mo. Date signed 6/12/46

19. (a) 6-12-46 (b) Dr W E Handley
(Date received local registrar) (Registrar's signature)

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

18073
19
2
6

x/ks

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..... *L. A. Roof*

Licensed Embalmer No. *3044*

P. O. Address..... *Springdale 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.

P