

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 24 1938

25294  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
 (b) Township Springfield Primary Registration District No. 2801  
 (c) City Springfield (d) Street No. 1409 G. Florida Registered No. 515  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LANY C. MILES PRATER, Jr.  
 (a) Residence, No. 1409 G. Florida St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip D. Prater  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23-1867  
 7. AGE YEARS 71 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. In own home  
 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER 13. NAME Jerry N. Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Elizabeth Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs. Ed. Rouse Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn DATE July 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. D. Blinnert Springfield, Mo.

20. FILED July 2, 1938 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. HEREBY CERTIFY, that I attended deceased from 6/24, 1938, to 7/1, 1938

I last saw h. e. alive on 6/30, 1938. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Enteritis

Date of onset 6/29/38

Other contributory causes of importance: Arteriosclerosis (Ch)

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Wm. J. [Signature] M. D.

(Address) Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

# 1763 *Wm* *Max* *Proder* *Roy* *Gr*  
*Wm* *Max* *Proder* *Roy* *Gr*  
# 4005, or by *Max* *Proder*

Registered Apprentice No. *117* working under my personal supervision.

Signed *J. B. Klingner*  
Licensed Embalmer No. *3358*  
P. O. Address *Springfield, 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, above space should be left blank.