

DEC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Lemmon

2385

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE
(b) Township 5
(c) City SPRINGFIELD
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 5440
(d) Street No. R.F.D. #3
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

Registered No. 562. PRINT FULL NAME Samuel. L. Prater

(a) Residence, No. R. F. D. #3 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) R.F.D. #3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Maryesville Ky.FATHER 13. NAME W. K. Prater14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KyMOTHER 15. MAIDEN NAME Mary Wills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Leroy Prater Springfield18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Jan 22 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H Lohmeyer Springfield Mo20. FILED Jan 20 1939 Chas. A. Morgan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 193922. I HEREBY CERTIFY That I attended deceased from on 1/17/39 only to _____, 19____I last saw him alive on 1/17/39, 19____. Death is saidto have occurred on the date stated above, at 5 A.m.

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

Cerebral thrombosisDate of onset 2

Other contributory causes of importance:

Arterio-sclerosisSenilityDate of onset 3Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. B. Lemmon, M. D.(Address) Springfield, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.