

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2609
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Paris Primary Registration District No. 5533B Registered No. 251
 (c) City _____ (d) Street No. Jackson County Home for the Aged St. _____
 (If death occurred in Hospital of Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ELIJAH PRATER

(a) Residence, No. Jackson Co. Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 9 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Jackson Co. Home
K.C. Mo.

FATHER 13. NAME Elijah Prater

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

MOTHER 15. MAIDEN NAME Lovie Higgins

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

17. INFORMANT Ernest Jackson
 (ADDRESS) Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brackings Cmf. DATE 2/1/39

19. FUNERAL DIRECTOR (NAME) Peter B. Paget
 (ADDRESS) 536-38 Campbell St.

20. FILED Feb 3 39 William T. Fields
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from noon, 1938, to 1-30, 1939

I last saw him alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 9:20 AM.

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

Chronic Myo Carditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Ultrasound as 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) J. H. Greene, M. D.

(Address) Independence, 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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.