

REC'D FEB 24 1939

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

2789

Do not use this space.

1. PLACE OF DEATH

 (a) County Knott Co. Registration District No. 444
 (b) Township Bourbon Primary Registration District No. 5601
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

 (a) Residence, No. 626 Frank Prosser St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Prosser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1890
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
68 4 10

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Knott Co. MissouriFATHER 13. NAME Henry Prosser14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME Margaret Jane Arnold16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mrs. Margaret Prosser18. BURIAL, CREMATION, OR REMOVAL PLACE Not Pleasant DATE Jan 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ch. W. Huggrove20. FILED Jan 12 1939 Frank Baldwin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1938 to Dec 30 1938
 I last saw h. i. m. alive on Dec 30 1938 Death is said

 to have occurred on the date stated above, at 1:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy131Date of onset
12/29/38Other contributory causes of importance:
Chronic Nephritis
 Name of operation Date of
 What test confirmed diagnosis? Wheaton Laboratory as there an autopsy?
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?

If so, specify Spinal M. Raymond, M. D.(Signed) Frank Baldwin (Address) Knott City, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-61

Date Filed FEB 8 1939

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,

C. W. Musgrave, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... C. W. Musgrave

Licensed Embalmer No. 2799

P. O. Address Bethel, 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.