

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.

MAILED MAY 12 1939

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

14391  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township Camden Bluff Primary Registration District No. 5131  
(c) City ..... (d) Street No. .... Registered No. 89  
(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 Marah Angelina Prostel

(a) Residence, No. 12 mi. S.W. Poplar Bluff Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Austen O. Prostel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1864  
7. AGE YEARS 74 MONTHS 8 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Ind

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT Clarence Prostel (ADDRESS) R 2, Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cochran Cem DATE Apr 8 1939

19. FUNERAL DIRECTOR (NAME) N. P. Phelps (ADDRESS) Poplar Bluff Mo

20. FILED 7/8 1939 Ch. C. Catterino Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939, to Apr 8 1939  
I last saw her alive on April 5 1939 Death is said to have occurred on the date stated above, at 3 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute myocarditis  
Acute myocarditis  
Other contributory causes of importance: Influenza  
Date of onset Jan 1  
Age 74

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was 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? no  
If so, specify.....  
(Signed) Clarence Prostel M. D.  
(Address) Poplar Bluff

*Dr. Lowe*

**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.**