

Registration District No. 104

Primary Registration District No. 5151

Registrar's No. 257

1939 OCT 12 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH: 2  
 (a) County Callaway  
 (b) City or town Rural - MacCrae  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME Robert Pratt  
 9. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife James Pratt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 16 1848  
 (Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MacCrae Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Thos. J. Pratt  
 18. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Petty  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Pratt

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Sept 15 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Layman Church

18. (a) Signature of funeral director Geo. J. Wallace

(b) Address Fulton, Missouri

19. (a) 97 1539 (b) R. N. Crews  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Missouri (b) County Callaway  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13<sup>th</sup>  
 year 1939 hour 10 AM minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from April 5 1939, to Sept 13 1939, that I last saw him alive on Sept 10 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Sen. Arterio Sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) Excessive heat.

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. N. Crews (M. D. or other)  
 Address 1167 Fulton Mo Date signed 9/15/39

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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**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 *Harold J. Christy*  
Licensed Embalmer No. *4012*  
P. O. Address *Dulton, 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.**