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

35565
Do not use this space.

FILED NOV 20 1939

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1084
(c) City or St. Joseph — (d) Street No. St. Joseph's Hospital 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 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Mary Prather
(a) Residence, No. 2114 S.5th. 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 (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Prather

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar.2nd. 1891

7. AGE: Years 48 — Months 7 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): St. Joseph Mo.

FATHER
13. NAME: William A. Lowrie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Mo.

MOTHER
15. MAIDEN NAME: Katherine Elsinga
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.

17. INFORMANT (ADDRESS): Mrs. Essie Best 2320 S.10th.St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem. DATE: Oct. 23rd, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED Oct. 23, 1939 H. J. Nestlebush 85
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct.21 st., 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Oct 21, 1939
I last saw her alive on Oct 21, 1939. Death is said to have occurred on the date stated above, at 3.30P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis Central Nervous System	?

Other contributory causes of importance: 34

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical + Post Was there an autopsy? yes

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) L H Fusen, M. D.
(Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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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 C. G. Swan

Licensed Embalmer No. 4982

P. O. Address St. Joseph, 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.