

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

Prussell

39521

Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 288
 (b) Township Ind Primary Registration District No. 3406 Registered No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry C. Prussell

(a) Residence, No. Kennett R. 7, 1 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Prussell</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31 - 1861</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>17</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
FATHER	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) <u>Ky</u>			
MOTHER	13. NAME <u>John Prussell</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Hardin</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT (ADDRESS) <u>Betty Prussell Kennett R. 7, 1</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Hauffel</u>		DATE <u>11/20 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Realty Mobile Kennett R. 7, 1</u>			
20. FILED <u>11-30 1939</u> <u>Wheeler Dooin</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1939

22. HEREBY CERTIFY, That I attended deceased from Oct 1 -, 1939, to Nov 18, 1939

I last saw her alive on Nov 10, 1939. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach Date of onset 2 yrs

Other contributory causes of importance:
46

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) W. Prussell, M. D.
 (Address) Kennett R. 7, 1

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.

I X14028

RECEIVED
DISTRICT HEALTH OFFICER NO. 3
DISTRICT FILE NUMBER
DATE FILED

RECEIVED
District Health Officer No. 3,
District File Number 1239-726
Date Filed 12/11/39

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.