

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2859

State File No. _____

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 5

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

1. PLACE OF DEATH: **FILED FEB 7 1940**

(a) County Lafayette
 (b) City or town Odesa Mo.
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 61 yrs.
 years, months or days)

8. (a) PRINT FULL NAME John Wesley Prince 652
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Josephine Prince 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Febr 5 1848
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Howard Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocer - Retired.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas R. Prince 1
 13. Birthplace Unknown Ky. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Bradley
 15. Birthplace Old Franklin Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant T. M. Prince
 (b) Address Odesa Mo.

17. (a) Burial (b) Date thereof 1-28-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odesa Cem.

18. (a) Signature of funeral director Alvin Hines
 (b) Address Alton Mo.

19. (a) 1-26-40 (b) Mrs E. M. Goodwin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
 (c) City or town Odesa - Mo.
 (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 1 day 26
 year 1940 hour 17 minute N M.

21. I hereby certify that I attended the deceased from 11-1-, 1937 to 1-26-, 1940
 that I last saw him alive on 1-26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis sub acute
 Due to Senility
 Due to _____
 Other conditions Myocarditis.
 (Include pregnancy within 4 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)
 416 While at work? _____ (e) Means of injury 1
 23. Signature E. B. Nisbet M.D. (M. D. or other)
 Address Odesa Mo Date signed 1/26/40

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/1/40

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 _____ *J. Blaine*

Licensed Embalmer No. *2945*

P. O. Address *Olusa, 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.