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

6045
Do not use this space.

1. PLACE OF DEATH FILED MAR 18 1940
(a) County Buchanan 3 Registration District No. 85
(b) Township or City St. Joseph 0 Primary Registration District No. 1001 Registered No. 282
(c) Street No. State Hosp #2, St Joseph 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. 10 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James P. Prather (PRATHER)
(a) Residence, No. Hardin, Mo. St. Hardin, Mo.
(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 male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice Prather
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1866
7. AGE YEARS 73 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Salisbury, Mo 0

FATHER
13. NAME John J. Prather 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Missouri 0

MOTHER
15. MAIDEN NAME Amanda Callison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Missouri

17. INFORMANT (ADDRESS) Records State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Mo DATE March 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RRB Boggess Hardin Mo 05

20. FILED 3/11/ 1940 H J McElhatt 08 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to March 9, 1940
I last saw him alive on March 9, 1940 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Other contributory causes of importance: Senile Psychosis	3-6-37

Name of operation none Date of —
What test confirmed diagnosis? Clin & Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) D. P. Johnson, M. D.
(Address) State Hosp #2 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.

50M-9-19-38 I X16605

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE MAR 1 8 [illegible]

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.