

Registration District No. **477**

Primary Registration District No. **4286**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **Canton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Community Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **4 days**  
In this community **Canton, Mo.**  
years, months or days

3. (a) PRINT FULL NAME **Wilhelm Prisner. 625**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Anna Adams** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **June 2, 1856**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 8 15** hr. min.

9. Birthplace **Pittsfield, Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **Diederick Prisner.**

13. Birthplace **Prussia**  
(State or foreign country)

14. Maiden name **Lina Theis**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Geneology of deceased**

(b) Address

17. (a) **Burial** (b) Date thereof **Feb. 19, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Canton, Missouri**

18. (a) Signature of funeral director **Carl H. Barkley**

(b) Address **Canton, Missouri**

19. (a) (b) **H. W. Harris M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**  
(c) City or town **Canton Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, 17, day  
year **1940** hour **9** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Feb. 13**  
**1940** to **Feb. 17, 1940**  
that I last saw him live on **Feb. 17, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia 4 days**  
Duration

Due to

Due to **105**

Other conditions (Include pregnancy within 3 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?

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

3. Signature **P. W. Jennings** (M. D. or other)

Address **Canton, Mo.** Date signed **2-17-40**

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

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.

RECEIVED

District Health Officer No. 10

District No. Number 3-49-670

Date Filed MAR. 13 1940

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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 *Earl H. Buckley*

Licensed Embalmer No. 2615

P. O. Address Canton, 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.