FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10549

Registration District No. 130 Primary Registration District No. 5175 Registrar's No.

1. PLACE OF DEATH:

(a) County Cape

(b) ~~City or town~~ Rural Welsh Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape

(c) City or town Rural Welsh Twsp.
(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.

3. (a) PRINT FULL NAME Hugh Lossom Prosser 626

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Sarah Prosser 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 74 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Lincoln Co. Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ~~William Prosser~~

FATHER
12. Name William Prosser
13. Birthplace — Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Foulk
15. Birthplace — 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Minnie Fagin
(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Stroderville Cem Cape Co Mo

18. (a) Signature of funeral director Bisplinghoff & Hubbard
(b) Address Chaffee Mo

19. (a) Mar 28 (Date received local registrar) (b) Mrs Mm Stickles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 8 minute a M.

21. I hereby certify that I attended the deceased from March 10, 1940, to March 25, 1940
that I last saw him alive on March 13, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis with decompensation	4 mo.
Due to Hypertension	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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)
While at work? (e) Means of injury

23. Signature R. A. Ritter, M.D. (M. D. or other) 1
Address Cape Girardeau Mo Date signed 3-26-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Mamie Bergleng hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.