

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11068
Registrar's No. 26

APR 23 1940 B 34
Registration District No. _____

Primary Registration District No. 4197

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) ✓
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Jda M. PRENTISS
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jake Prentiss Dec 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 10 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Seneca N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Wm Armstrong
13. Birthplace N. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Conary
15. Birthplace N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Prentiss
(b) Address Bethany Mo
17. (a) Burial (b) Date thereof Mar 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Morgan County Bethany

18. (a) Signature of funeral director Joe E. Whaller
(b) Address Bethany Mo
19. (a) 3-21-40 (b) A. L. Weidner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Bethany
(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 March day 17
year 1940 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-2-39
to 3-17, 1940
that I last saw her alive on 3-14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

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 _____
23. Signature A. L. Weidner (M. D. or other) MD
Address Bethany Date signed 3/19/40

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.

RECEIVED
District Health Officer No. 11,
District File Number 440-527
Date Filed APR 10 1940

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. 3512

working under my personal supervision.

Signed.....

Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address..... Bethany Md

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.