

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19801

State File No. _____

Registration District No. 886

Primary Registration District No. 4637

Registrar's No. _____

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town TRONDAL
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CHAR ESTELLE PRATT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife James Pratt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 21 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Madia MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Care of home

11. Industry or business _____
MOTHER FATHER
12. Name James R. Patton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sara Medley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julian Pratt
(b) Address Leadwood 27
17. (a) Burial (b) Date thereof April 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Acadia
18. (a) Signature of funeral director C. J. Boyer
(b) Address Sealogue 270
19. (a) 4-4-40 (b) J. P. Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON
(c) City or town TRONDAL
(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 4 day 3
year 1940 hour 7:30 minute 10 M.
21. I hereby certify that I attended the deceased from 3-20
1940 to 4-3 1940
that I last saw her alive on 4-2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____
Due to _____
Due to _____

Other conditions Arthritis
(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? 886
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Yeager (M. D. or other) _____
Address Trondale Date signed 4-4-40

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.

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.....

C. L. Payer

Licensed Embalmer No.....

1671

P. O. Address.....

Hedlogge Ave

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.