

Registration District No. **604**

Primary Registration District No. **435-6**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Marion
(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 hospital or institution)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Jennie 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 widowed
 6. (b) Name of husband or wife Benjamin Pratt
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 23 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11
If less than one day hr. min.

9. Birthplace Grand Tower, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Robertson

13. Birthplace unk
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Grace Camille Parsley
 (b) Address Grand City, Ill.

17. (a) burial
(Burial, cremation, or removal) (b) Date thereof Nov 9-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Grand Tower, Ill.

18. (a) Signature of funeral director F.A. Kuhn
 (b) Address New Madrid, Mo.

19. (a) 11-26-40 (b) Wm O'Bannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County _____
 (c) City or town Granite City
(If outside city or town limit, write "RURAL")
 (d) Street No. 2827 Iowa
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
 year 1940 hour 7:45 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 4, 1940, to Nov 4, 1940;
 that I last saw him alive on Nov 4, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Affection
Impaired by old eye.
Chronic heart

Due to gout

Due to _____

Other conditions 120 B
(include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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?
5-33
(Specify type of place) (e) Means of injury

23. Signature David M. Paine (M. D. or other) _____
 Address Braxton, Mo. Date signed 11-26-40

Duration

Dead Heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 11 1940

RECEIVED

District Health Officer No. 2

District File Number 1240-17

Date Filed 12/12/40

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.....

L. Hedgcock
....., Registered Apprentice No.....

working under my personal supervision.

Signed: *L. Hedgcock*

Licensed Embalmer No. 3803

P. O. Address *New Madrid, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.