

Oreanell

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39341**

Registration District No. **821**

Primary Registration District No. **5801**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Route 3 Grant
(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

DEC 11 1940

3. (a) PRINT FULL NAME Larry Eugene Pratt

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ed Pratt

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

14. Maiden name Dorothy Binford

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

16. (a) Informant Ed Pratt

(b) Address Sikeston, Missouri R. #3

17. (a) Burial (b) Date thereof 11 21 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter's Cemetery

18. (a) Signature of funeral director J. H. ...
(b) Address Sikeston, Missouri

19. (a) 12-6-1940 (b) Oreanell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(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 11 day 21
year 1940 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 15
1940 to Nov 21, 1940
that I last saw him alive on Nov 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Duration 7 Days

Due to _____
Due to _____

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? _____

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

23. Signature Oreanell (M. D. or other) _____
Address Sikeston Mo Date signed _____

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

1072

RECEIVED

District Health Officer No. 2

District File Number 1240-128

Date Filed 12/9/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John Allerton*

Licensed Embalmer No. 2941

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39341
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 82.1

Primary Registration District No. 580.1

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Easton
(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Reboles
(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.

3. (a) PRINT FULL NAME Larry Eugene Pratt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH Month 11 day 21 year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

Immediate cause of death Broncho Pneumonia
Due to malnutrition
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 107K

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

Major findings: Of operations _____

10. Usual occupation _____

Of autopsy _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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 L. H. Prussell (M. D. or other) _____
Address Reboles Mo Date signed _____

SUPPLEMENTARY

S-39341 .1940