No. 2
11-10-39
3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40287

Registration District No. 91 JAN 15 1941

Primary Registration District No. 1003

Registrar's No. 10058

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

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether In this community 52 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francis

(c) City or town Farmington N.R. (If outside city or town limits, write "RURAL")

(d) Street No. Route #1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FANNIE E PRATT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thos. R. Pratt

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 7 (Month) 14 (Day) 1888 (Year)

8. AGE: Years 52 Months 4 Days 12 If less than one day hr. min.

9. Birthplace St Francis Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Peter S Lewis
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Jones
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Thomas R Pratt

(b) Address Farmington R 1 Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation R. P. Cemetery Farmington Mo

18. (a) Signature of funeral director Chas. Richardson

(b) Address Farmington Mo.

19. (a) DEC 7 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1940 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from 11-29-, 1940, to 12-6-40, 19__; that I last saw h 3 alive on 12/6-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor R Temporal Lobe

Due to probably malignant

Due to

Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations

Of autopsy None

Duration

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 K Anderson (M. D. or other)

Address 4932 Henry Cave Date signed 12/6-40

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington Ino

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

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