

No. 2
13-40
17-39
X23139

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fisher State Cancer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Katherine P. Prather

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 26 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Boone County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Lammal Prather

13. Birthplace Boone County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Reltch

15. Birthplace Boone County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Quisenberry

(b) Address Hallsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Oakland

18. (a) Signature of funeral director Parkins

(b) Address Columbia, Mo.

19. (a) 2/5/41 (Date received local registrar) (b) Alvin Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia 9
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1941 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan. 27, 1941, to Feb. 3, 1941; that I last saw her alive on Feb. 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of mouth Duration 3 y

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy Cancer of mouth

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 Alvin Selby (M. D. or other) O.M.D.
Address Columbia, Mo. Date signed _____

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

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

W. S. Philander

Licensed Embalmer No. *3893*

P. O. Address *California*

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, fact should be so stated above.