FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8513
Do not use this space.

1. PLACE OF DEATH
(a) County Wayne
(b) Township Mill Spring
(c) City —
Registration District No. 895 HP
Primary Registration District No. 6197 O
Registered No. 1
(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rildia Pratt
(a) Residence, No. Piedmont, Mo. R. 1. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7-1865
7. AGE YEARS 76 MONTHS DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Charley Provance
(ADDRESS) Piedmont Mo R. 1.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Williamsville Mo DATE Feb 3-41, 19
19. FUNERAL DIRECTOR Neighbors
(ADDRESS)
20. FILED 2-15, 1941 Helen Henson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1-, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan 15-, 1941, to Feb 1, 1941
I last saw h. alive on Jan 15-, 1941. Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	1 yr
Hypertension	
arterio Sclerosis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno F Wagner, M. D.
(Address) Williamsville, Mo

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-7-20-37 I X12004

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....I.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)