

Registration District No. 400

Primary Registration District No. 5553B

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson County Home for the aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 4 mo
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Warrensburg 3
(If outside city or town limits, write "RURAL.")
(d) Street No. 548 Main St 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME

John W. Pruette

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Ellen Pruette

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jul 25 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Mo Pacific RR Co.

12. Name Thomas Pruett

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

14. Maiden name Jane Reese

15. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. McCarthy
(b) Address 1111 E. 1st St

17. (a) Funeral (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation his summer home

18. (a) Signature of funeral director W. B. Langford
(b) Address Lee Summit Mo

19. (a) 4-28-41 (b) John B. Burrell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 23, 1941, and that I last saw him alive on April 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____
Due to _____
Other conditions (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? _____

23. Signature J. W. Green (M. D. or other) 0
Address Warrensburg Date signed 4-29-41

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

18
0
0

SEP 22 1947

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. B. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

Lee's Summit, Mo.

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.