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JUL 11 1941

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

21566
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 249
(b) Township Washington Primary Registration District No. 5347 Registered No. 31
(c) ~~City~~ or ~~City~~ (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jasper Newton Prindle

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Verona Prindle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1868

7. AGE YEARS 72 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Albert Prindle

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Railsback

16. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY)

17. INFORMANT Denzil Prindle (ADDRESS) Coffey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Grove DATE June 29, 1941

19. FUNERAL DIRECTOR (NAME) S. Schomer (ADDRESS) Pattonsburg, Mo.

20. FILED June 29, 1941 Mrs. H. Cunningham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27/1941

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1941, to June 27, 1941.
I last saw him live on June 27, 1941. Death is said to have occurred on the date stated above, at 3/30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance: 94

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? 3
If so, specify _____
(Signed) J. B. Bailey, D.O. Coronary
(Address) Jamesport, Mo. 64501

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.

I X16005

Usual Place Of Residence
4 Miles S & E of Coffey, Mo Washington Twp Daviess Co, Mo

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 *E. Schomer*.....

Licensed Embalmer No. 2857.....

P. O. Address Pattonsburg, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21566

Registration District No. 249

Primary Registration District No. 5347

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Washington
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town _____ (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Jasper N Prindle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

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

4. Sex Male Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

Immediate cause of death _____

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

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

Due to _____

Due to _____

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

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

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

14. Maiden name _____

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 _____

19. (a) June 29 1941 (b) Mrs. H. A. Cunningham
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

J. amesport, mo

SUPPLEMENTARY

