

FILED AUG 25 1941

Primary Registration District No. 3006

Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

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

(d) Length of stay: In hospital or institution 23 days
(Specify whether in this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ⁰¹⁰

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Chas. Richardson Pratt

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1941 hour 03 minute P. M.

21. I hereby certify that I attended the deceased from 7-9-
1941 to 7-14- 1941

that I last saw him alive on 7-14- 1941
and that death occurred on the date and hour stated above.

4. Sex Male Color White

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

6. (b) Name of husband or wife Dec

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

7. Birth date of deceased. 1-18-1871
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia ^{3.6 hr.}

8. AGE: Years 70 Months 5 Days 26 If less than one day _____ hr. _____ min.

Due to _____ 94%

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

Other conditions Coronary Arteriosclerosis
(Include pregnancy within 3 months of death) Diabetes

10. Usual occupation Babysitting

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Jesse R. Pratt

13. Birthplace England ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ⁹

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

16. (a) Informant Georgia Strong

(b) Address Columbia Mo.

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? _____

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview, Farmington, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Parker's

(b) Address Columbia, Mo.

While at work? _____ (Specify type of place) (a) Means of injury _____

19. (a) 7/26/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Nesbitt (M. D. or other) ⁰

Address Columbia Date signed 7-20-41

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

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.