

FILED SEP 26 1941  
Registration District No. **73**

Primary Registration District No. **3006**

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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  
(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 25 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 217 W. Ash  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jackson N. Pratt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Mollie Pratt 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased 9 (Month) 16 (Day) 1865 (Year)

8. AGE: Years 25 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Clair Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor & Builder

11. Industry or business sawyer

MOTHER FATHER { 12. Name Alexander Pratt

13. Birthplace Ill 1 (City, town, or county) (State or foreign country)

14. Maiden name Mary Kumberless

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

16. (a) Informant Taylor Pratt

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 8-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Parkes (M.D.)

(b) Address Columbia Mo

19. (a) 9/19/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th  
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 7-1-41 to 8-18-41  
that I last saw him alive on 8-17-41  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to \_\_\_\_\_

Due to 932

Other conditions 932  
(Include pregnancy within 3 months of death)

Major findings: Of operations L

Of autopsy L

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) L

(b) Date of occurrence L

(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? L

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature F C Suggert (M. D. or other) M.D.

Address Columbia Mo Date signed 8-19-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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. H. Dandewenter*

Licensed Embalmer No. ....

*2491*

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.**