

Registration District No. **2919410**

Primary Registration District No. **4396**

1. PLACE OF DEATH:

(a) County **PERRY**
(b) City or town **PERRYVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NORTH MAIN STREET
(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 **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PERRY**
(c) City or town **PERRYVILLE**
(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 **YOUNG EDWARD PRUITT**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **780-14-3429**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **GLADYS MERCIER** 6. (c) Age of ~~husband~~ wife if alive **42** years

7. Birth date of deceased **FEBRUARY 7 1890**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **0** If less than one day hr. min.

9. Birthplace **IRONTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business **JEWELER.**

12. Name **RICHARD PRUITT**
13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY CANADA**
15. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edith Pruitt**
(b) Address **PERRYVILLE MISSOURI**

17. (a) **BURIAL** (b) Date thereof **SEPT. 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Home Cemetery**
18. (a) Signature of funeral director **Ray Samuel**
(b) Address **PERRYVILLE MISSOURI**

19. (a) **9-9-41** (b) **Joe J. Zellner**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7th**
year **1941** hour **11:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **1941** Sept 7
19 **Sept 9** 19 **41**
that I last saw him alive on **Sept 7 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Coma**

Due to **Interstitial Nephritis (Chronic)**
Due to _____

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

Major findings: Of operations **131B**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **W. H. Bailey M.D.** (M.D. or other) _____
Address **Perryville** Date signed **9/8/41**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Perryville, 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.