

FILED DEC 11 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau City  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp. (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JAMES ELBERT PRUETT

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 1 1917  
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 64 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Elbert Pruett

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

14. Maiden name Waring Tuttleman

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

16. (a) Informant James T. Pruett

(b) Address Farm #1

17. (a) Removal (b) Date thereof 11/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 11-21-41 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17  
year 1941 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from 11:15 1941 to 11:17 1941  
that I last saw him alive on 11:17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Dislocation of 5th C. vertebra

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

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

Other conditions: 17 Oct 27  
(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) ACCIDENT 11/17/41

(b) Date of occurrence Automobile accident

(c) Where did injury occur? PARKWAY MO  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury Auto. acc.

23. Signature O. L. Quetch (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 11/17/41

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

16  
1  
4

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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.....

*J. E. Stewart*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. E. Stewart*  
Licensed Embalmer No. 3479.....

P. O. Address Watts 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.**