

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6521

State File No. _____

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 79

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

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 40 yrs. (Specify whether years, months or days)
 In this community about 40 yrs.

3. (a) PRINT FULL NAME John E. PRUETT

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years (Day) (Year)

7. Birth date of deceased July 28 - 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>5</u>	hr. <u> </u> min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name J.H. Pruett !

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

14. Maiden name alt.

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

16. (a) Informant Matilda Batten

(b) Address Rector alt.

17. (a) Burial (b) Date thereof Feb 24 - 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in C. Collins

18. (a) Signature of funeral director

(b) Address Campbell mo

19. (a) 2/10/42 (b) John Blankenship
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dunklin
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1942 hour 6 minute 00 P. M.

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: 3rd Degree Burn Entire Body
 Due to Explosion of a oil stove

Due to _____

Other conditions (Include pregnancy within 3 months of death) 181 - 1

Major findings: Of operations

Of autopsy

Duration
 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) Accident

(b) Date of occurrence 2-3-42

(c) Where did injury occur? Kennett Dunklin MO.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at his home
 While at work? (Specify type of place) (Means of injury)

23. Signature George C. Collins (If Other)
 Address Date signed 2-5-42

RECEIVED

District Health Office No. 2,

District File Number 342-300

Date Filed 3-6-42

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.....

P. O. Address.....

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.