

FILED JUL 24 1942

Registration District No. **5**Primary Registration District No. **3004**Registrar's No. **32**

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Butler
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 S. 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)

3. (a) PRINT FULL NAME William Coleman Prnty.

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. Married6. (b) Name of husband or wife Mrs Jennie Prnty 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased October 1 1861
(Month) (Day) (Year)8. AGE: Years 80 Months 9 Days 10 If less than one day hr. min.9. Birthplace St Mary's Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business.....

12. Name David Prnty
13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Lucy Rist
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)16. (a) Informant Verna Prnty
(b) Address Butler Mo17. (a) Burial (b) Date thereof July 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Anna Edna Cemetery18. (a) Signature of funeral director Lambert(b) Address Butler Missouri19. (a) July 12 1942 (b) Nena L. Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town Butler
 (If outside city or town limits, write "RURAL")
 (d) Street No. S. Main St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 7 minute 11 M.21. I hereby certify that I attended the deceased from Feb
1940, to July 11, 1942
that I last saw him alive on July 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to ChronicDue to myocarditisOther conditions.....
(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).....

(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?
(Specify type of place)While at work? Adelovena (c) Means of injury.....23. Signature Adelovena (M. D. or other) MDAddress Butler Mo Date signed 7/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-42-809

Date Filed 7-23-42

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. 2576

P. O. Address Bethesda

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20598

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 William C. Priny

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

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

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

7. Birth date of deceased Oct 1 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 29
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
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 _____

Due to Nephritis Chronic

Due to _____

(Other conditions. 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) _____

(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. D. [unclear]
Address Butler, Mo. Date signed 8-7-42

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

