

FILED AUG 14 1942

Registration District No. **1**

Primary Registration District No. **1**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **10 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirksville**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Julian**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mary Frances Pruitt**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **13**
year **1942** hour **11** minute **59 AM**
21. I hereby certify that I attended the deceased from **July 4, 42**
to **July 13, 1942**
that I last saw him alive on **July 13, 1942**
and that death occurred on the date and hour stated above.

4. Sex **Fe** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Sept. 7 1876**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Failure**
Due to **Hypertension**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years **65** Months **10** Days **6**
If less than one day hr. min.
9. Birthplace **Lewis Co., Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business
12. Name **Eli Greear**
13. Birthplace **Wilmington, Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Amanda Jackson**
15. Birthplace **Wilmington, Ohio**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **William R. Pruitt**
(b) Address **Kirksville, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-15-42**
(Month) (Day) (Year)
(c) Place: burial or cremation **East Center Paultown Cemetery**
18. (a) Signature of funeral director **Beverley**
(b) Address **Kirksville, Mo.**
19. (a) **7/23/42** (Date received local registrar)
(b) **Mrs. J. P. Wagner** (Registrar's signature)

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 **Roscoe P. Bann** (M.D. or other) **D.D.**
Address **625 E. Washington** Date signed **7/13/42**

RECEIVED

District Health Officer No. 10

District File number 8-42-1566

Date Filed AUG 12 1942

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4181

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.