No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24340

State File No.

Registration District No. ~~318~~ 322 Primary Registration District No. 5447A Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Fair Grove Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Fair Grove Mo. Jackson Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 0 0

(c) City or town Fair Grove, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Fair Grove, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME ANNA PRATT

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clifford Pratt

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan (Month) 1. (Day) 1898 (Year)

8. AGE: Years 44 Months 6 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business In home

FATHER
12. Name Samuel McKinney
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella McIntyre
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Clifford Pratt
(b) Address Fair Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bassville Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield, Mo.

19. (a) July 13 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1942 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from March 2, 1942 to July 7, 1942 that I last saw her alive on July 7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Head of Pancreas and Liver and Gall Bladder	10 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

469

PHYSICIAN

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)

(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? (e) Means of injury

23. Signature P. H. Focht (M. D. or other) MD

Address Strafford Mo Date signed 7/13/42

1230 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 42-8-66
Date Filed 8/8/42

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 Roy A. Bacin

Licensed Embalmer No. 1763

P. O. Address Springfield Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24340

Registration District No. 322 Primary Registration District No. 5447A Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural
(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 44 yrs.
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 Anna Pratt

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Clifford

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan (Month) 1 (Day) 1898 (Year)

8. AGE: Years 44 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sam McKinney
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Maintuff
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clifford Pratt
(b) Address Fair Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bassville Cemetery

18. (a) Signature of funeral director Klinger Funeral Home
(b) Address Springfield Mo.

19. (a) July 20 1942 (Date received local registrar) (b) Clara Grams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 1 minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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)
(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? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed