V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

27085

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 140

35
2
2

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

1. PLACE OF DEATH:

(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: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35
(c) City or town Kennett, Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 813 North Main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Pruett

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

4. Sex M 2
5. Color or race Black
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Maggie Pruett
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Aug. (Month) 21 (Day) 1850 (Year)

8. AGE: Years 91 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mariah Brooks
(b) Address 813 N. Main KENNETT
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director A. J. Tiner
(b) Address Senath Mo.
19. (a) 8-24-42 (Date received local registrar) (b) Julia Blankinship (Registrar's signature)

401

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Mar 1 1942, 19 , to June 20 1942, that I last saw him alive on May 2 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Dilatation

Due to Infirmities of Old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95c 4
Of autopsy

Duration

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 T J Rigdon (M. D. or other) M D
Address Kennett Mo Date signed 6-23-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1104
Date Filed 9-2-42

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 A. J. River

Licensed Embalmer No. 1407

P. O. Address Sweath 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.