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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28344
State File No.

Registration District No. 3 Primary Registration District No. 4494 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Winona Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnard Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(c) City or town Winona Mo.
(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 0

3. (a) PRINT FULL NAME Bissie Pruitt
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lee Pruitt
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan 17 1896 (Month) (Day) (Year)
8. AGE: Years 46 Months 5 Days 13 If less than one day hr. min.
9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name W. J. Bolton
FATHER 13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Muse
MOTHER 15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Lee Pruitt
(b) Address Winona Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Winona Mo
18. (a) Signature of funeral director John T. Duncan
(b) Address Mountain Grove Mo
19. (a) 7-2-42 (Date received local registrar) (b) Frank Hyde M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1942 hour 8 minutes 30 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 ✓ (Duration)
Due to Natural Causes ✓
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 H. S. Rollins Coroner (M. D. or other)
Address Winona Mo. Date signed 7-2-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942826
Date Filed 9-14-42

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 Joe R. Ameen, Registered Apprentice No. 301 working under my personal supervision.

Signed John F. Ameen

Licensed Embalmer No. 2516

P. O. Address Mt. Vernon Ind

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

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

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING 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. 28344

Registration District No. 336 Primary Registration District No. 4494 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Shannon
(b) City or town: Winona
(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 years, months or days)
In this community

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: Bessie Pruitt
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
6. (b) Name of husband or wife: See
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: (Month) Jan (Day) 17 (Year) 1896
8. AGE: Years 46 Months 5 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) (State or foreign country) Mo
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 30 year 1942 hour minute 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.

	Duration
Immediate cause of death	
Due to Natural Causes	
Due to Hodgkins Disease	
Pseudo Leukemia	
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.

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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 H. S. Fallin Coroner (M. D. or other)
Address Winona Mo Date signed