. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

Registration District No. 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 29974

Registrar's No. 279

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 West 7th 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 8 West 7th Street 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Robert Pratt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased Nov. (Month) 10 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	5	..... hr. ..... min.

9. Birthplace McCredie (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name James Wm. Pratt
13. Birthplace Portland (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Tate
15. Birthplace Auxvasse (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs J. Roy Tucker
(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old Auxvasse Church Cem.

18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Missouri

19. (a) 8-26-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August. day 25th. 1942
year 1942 hour 4. minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/9/35, 19..., to present.time, 19...;
that I last saw him alive on Aug. 25th, 1942, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency following Paralysis Agitans of duration since Sept 1935.

Duration

Due to .....

Due to .....

87c

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy No 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 Greene D. McCall M.D. (D or other)
Address 404 Market, Fulton Mo Date signed 8/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Cady, Registered Apprentice No. 329, working under my personal supervision.

Signed Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.