

FILED OCT 9 1942

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

30426

Do not use this space.

## 1. PLACE OF DEATH

41(a) County HarrisonRegistration District No. 1348(b) Township Mt. Moriah No.Primary Registration District No. 42090(c) City Mt. Moriah No.(d) Street No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John Allen Prater.

(a) Residence, No. \_\_\_\_\_

St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Prater6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11/18607. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
81 11 21OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0FATHER 13. NAME George Prater14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1MOTHER 15. MAIDEN NAME Nancy Melton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 117. INFORMANT Emma Prater  
(ADDRESS) Mt. Moriah No.18. BURIAL, CREMATION, OR REMOVAL PLACE Lloyd Cmty DATE 9/15/194219. FUNERAL DIRECTOR J. M. Columbus  
(ADDRESS) Mt. Moriah No.20. FILED Sept. 13 1942 J. P. Shaw  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 194222. I HEREBY CERTIFY That I attended deceased from July 22 1942 to Sept 13 1942I last saw him alive on Sept 17 1942 Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

1937

Other contributory causes of importance:

Cancer of right cheek

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. P. Shaw M. D.(Address) Mt. Moriah Mo.

1123

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37  
I X12004

STATEMENT BY LICENSED EMBALMER

I, J M Chambers, Licensed Embalmer No. 2109  
herby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed J M Chambers  
Licensed Embalmer No. 2109

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.)