No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41660

FILED JAN -5 1943

Registration District No. 2943

Primary Registration District No. 4427

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville (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 1 Week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Rural (Taver n Township) 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Roxie Ellen Prater

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Easton Exexander Prater

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 19, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	22	hr. min.

9. Birthplace Montgomery Co. (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Stephen S. Dearduff
13. Birthplace (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name America Cordray
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant E. A. Prater

(b) Address Crocker, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) Dec 21-1942 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Nov. 10 1942, to Nov 10 1942 that I last saw her alive on Nov. 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation.

Due to Cardio Vascular Renal Disease, Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 a

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 2

23. Signature R O DeWitt (M. D. or other) DO

Address Waynesville Mo Date signed 12-17-42

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 12-42-220
Date Filed 12-31-42

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Waynesville, Mo

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.