

Registration District No. **333**

Primary Registration District No. **6115**

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Subston R# 3**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **one day old**
years, months or days)

3. (a) PRINT FULL NAME **Naras Low Pruitt**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1-8-43**
(Month) (Day) (Year)

8. AGE: Years _____ Months **8** Days **12** If less than one day _____ min.

9. Birthplace **Subston R# 3, 0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Doris Pruitt**
13. Birthplace **New Madrid Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucille Washington**
15. Birthplace **New Madrid Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **mother**

(b) Address **Subston Mo R#3**

17. (a) **Burial** (b) Date thereof **1-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Memorial Park**

18. (a) Signature of funeral director **Grville Taylor**

(b) Address **Subston Mo**

19. (a) **2/3/43** (b) **Louise Sargent**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Subston R# 3, 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R# 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **8**
year **43** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **1-8-43**
_____ 19 _____ to **1-8-43** 19 _____

that I last saw him alive on **1-8-43** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

(note) **This baby died 12 hours after birth.**

Due to **The mother went to town - normal delivery, but had 9 hrs**

Due to **Temperature at time of delivery**

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

Major findings: **159**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature **M. C. Mill** (M.D. or other) **L. D. O.**

Address **Subston Mo** Date signed **2/2/43**

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

5-17-39
X26390

72
0

RECEIVED

District Health Office No. 2,

District File Number 243-249

Date Filed 2-16-43

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.....

W. E. Boy
.....
Licensed Embalmer No. 3474

P. O. Address *Poplar Bluff*
.....

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.