

FILED JUN 15 1943

Registration District No. 209-283

Primary Registration District No. 6298 5972

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town FLEMINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Flemingtown  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 YEARS  
years, months or days

3. (a) PRINT FULL NAME Robert David Pruett

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Viola Pruett 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased MAY 5 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>11</u>	hr. _____ min.

9. Birthplace Randolph Co. ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Pruett  
13. Birthplace Randolph Co. ILL.  
(City, town, or county) (State or foreign country)  
14. Maiden name ANGELINE McNAMIS  
15. Birthplace RANDOLPH Co. ILL.  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd & Gerrett  
(b) Address 4709 Edgewood, Tulsa Ok

17. (a) BURIAL (b) Date thereof MAY 17-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DURNELL Chapel Cemetery

18. (a) Signature of funeral director T. H. Summ

(b) Address Humansville, Mo.

19. (a) May 19 1943 (b) Wm. Geo. Thayer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk 84  
(c) City or town FLEMINGTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16  
year 1943 hour \_\_\_\_\_ minute 20 A.M.

21. I hereby certify that I attended the deceased from May 10, 1943 to May 15 - 1943  
that I last saw him alive on May 15 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 5 1/2 days

Due to \_\_\_\_\_

Due to advanced arterio sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Roscoe A. Nevins (M. D. or other) M.D.  
Address Humansville Mo Date signed 5-16-43

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

4  
0  
0

1229

PSP

**RECEIVED**

**District Health Officer No. 7,**

District File Number

*5-43-463*

Date Filed

*6-7-43*

**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.....

*by me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*E. H. [Signature]*

Licensed Embalmer No.

*4282*

P. O. Address

*Humansville, 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.

*[Handwritten marks]*