S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38288

Primary Registration District No. 3021

Registrar's No. 164

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution: 305 E. 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community many years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY

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

(d) Street No. 305 E 10th St
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANGELINA W. PRATT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife E. H. PRATT

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

7. Birth date of deceased MAR. (Month) 5 (Day) 1857 (Year)

8. AGE: Years 86 Months 8 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace SULLIVAN CO. (City, town, or county) ILL. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name N.S.B. WADE
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARILA SELBY
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. G. CISCO
(b) Address TRENTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation MASONIC CEM.

18. (a) Signature of funeral director GIPSON FUN. HOME
(b) Address TRENTON MO

19. (a) 11-30-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1943 hour 8th minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1938, to Nov. 29th, 1943, that I last saw her alive on Nov. 28th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis — Duration 3 years
Due to: Do not Know
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 93d
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oliver F. Duffy (M. D. or other)
Address Trenton, Mo. Date signed Nov 30th 1943

(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.....

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

working under my personal supervision.

Signed C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Trenton 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.