

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10473

FILED APR 10 1944 2
Registration District No. _____

Primary Registration District No. 1000

State File No. _____
Registrar's No. 399

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph Mo.
(c) Name of hospital or institution: State Hospital No 2
(d) Length of stay: In hospital or institution 6 Mo 17 days
In this community yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrew
(c) City or town Rosendale
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eugene Prough
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1944 hour 10-40 minute P M.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Harriet Prough
6. (c) Age of husband or wife if alive Not known years
7. Birth date of deceased Not known

21. I hereby certify that I attended the deceased from 3-24 1944 to 3-26 1944
that I last saw him alive on 3-26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
abt 76 ? ? hr. min.

Immediate cause of death myocardial degeneration
Due to acute degeneration
Other conditions (Includes pregnancy within 3 months of death) 93d

9. Birthplace unknown Ohio
10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Esmeron Prough
13. Birthplace Indiana
14. Maiden name Harriet Simon
15. Birthplace Ohio
16. (a) Informant Hospital record
(b) Address St. Joseph Mo.
17. (a) Burial, cremation, or removal _____ (b) Date thereof Mar. 29 1944
(c) Place: burial or cremation _____
(a) Signature of funeral director E. C. Brest
(b) Address _____
(a) Date received local registrar Mar. 27 1944 (b) Registrar's signature Rose Skog

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(r) Means of injury _____
23. Signature E. E. Salyer M.D. (M. D. certificate)
Address St. Joseph Mo. Date signed 3-26-44

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

1233

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.