

**FILED MAY 17 1944**

Registration District No. **287**

Primary Registration District No. **5753**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural - Miller Boone  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Miller Twp Boone  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth 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, 2 divorced, Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5 15 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Lark Brasier

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Hill

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Prater

(b) Address Meta, Missouri

17. (a) Burial (b) Date thereof 4/10/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stokes

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 4-15-44 (b) Erma Bassett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 31, 44 to Mar 21, 44; that I last saw him er alive on Mar 21, 44; and that death occurred on the date and hour stated above.

Immediate cause of death: chronic interstitial nephritis Duration 1 yr

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

Other conditions (include pregnancy within 3 months of death) 13/a

Major findings: 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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Douglas Gates (M. D. or other) D. O.  
Address Dixon, Mo Date signed 4-13-44

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

1096

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-15-44

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.....

Licensed Embalmer No..... 2341

P. O. Address..... Dixon, Missouri

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.