

FILED AUG 3 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 6225

Registrar's No. 111

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Rural - Washington Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp. no. 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 In this community same time
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Janey 10th
 (c) City or town Powersite
 (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 _____

3. (a) PRINT FULL NAME William J. S. Pruitt
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife none
 6. (c) Age of husband or wife if alive none Years
 7. Birth date of deceased July 30 - 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 27 hr. min.

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

10. Usual occupation Labor

11. Industry or business Various

12. Name William Pruitt

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

14. Maiden name Lucenia Moulder

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

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) Burial (b) Date thereof 7-5-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Records

18. (a) Signature of funeral director Thurston Bond

(b) Address Nevada mo.

19. (a) 7-5-44 (b) Agel B. Beurch
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Second
 year 1944 hour 1:30 minute A. M.
 21. I hereby certify that I attended the deceased from May 2
1944, 19 to July 2, 1944
 that I last saw him alive on July 1st, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate
 Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 51 R

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature R.B. Lester (M. D. or other) MD

Address Nevada mo. Date signed 7-2-44

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

10800

RECEIVED

District Health Officer No. 71

District File Number 7-44-912

Date Filed 8-7-48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J B Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.