S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1819

Registration District No. 43 — Primary Registration District No. 2007 — Registrar's No. 32

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 2
(d) Street No. RF. D #1 (If rural, give location) 0
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Larkin Pruitte
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 Mattie L. Pruitte
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 5 (Day) 1874 (Year)

8. AGE: Years 70 | Months 7 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Alton Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Dave Pruitte
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marjanet Keller
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Roy Pauitte
(b) Address Jonesboro Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pratt (Ripley Co Mo)
18. (a) Signature of funeral director Frank Cobbell
(b) Address Poplar Bluff
19. (a) 1-29-45 (Date received local registrar) (b) Bill Irvine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1945 hour 4 minute 15 A M.
21. I hereby certify that I attended the deceased from 1-15, 1945, to 1-29, 1945 that I last saw him alive on 1-28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & Chronic nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

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) no
(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 0
23. Signature Wm Hutchison (M. D. or other) MD
Address Poplar Bluff Date signed 1-29-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-180
Date Filed 2-7-45

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 Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.