

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 Hours
(Specify whether years, months or days)
 In this community 14 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
 (c) City or town Forest City - Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
 year 45 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Febr 4, 1945, to Febr 4, 1945;
 that I last saw him alive on Febr 4, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death
acute Sanguineous Cholecystitis
with perforation 2-2-45

Due to Peritonitis general

Other condition arteriosclerosis general

Major findings:
 Of operations as above
 Of autopsy ig 7a

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?
(Specify type of place)
 While at work?

(e) Means of injury

23. Signature J. P. Seaton M.D.
 Address St. Joseph, Mo Date signed 2-5-45

3. (a) PRINT FULL NAME William Prusman

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 Mary E. Prusman

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 24 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 10
 If less than one day
 hr. ___ min. ___

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Prusman

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

14. Maiden name Katherine

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

16. (a) Informant Mrs. Mary E. Prusman

(b) Address Forest City

17. (a) burial (b) Date thereof Feb. 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pitzsch

(b) Address Oregon, Mo

19. (a) 2-7-45 (b) Richard L. Pickle
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1577

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.....

James W. Pittzjohn
.....

Licensed Embalmer No.....

3192

P. O. Address.....

Oregon 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.