

FILED JUN 14 1945

Registration District No. 133

Primary Registration District No. 4210

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Ridgeway
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Ridgeway - Mo. 41
(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 James Cochran Prather

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1945 hour _____ minute 15 P.M.

21. I hereby certify that I attended the deceased from February
1944 to January 7th, 1945

that I last saw him alive on December 28, 1944
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elvie M. Prather

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

Immediate cause of death: Chronic Cardiac Valvular Disease

Duration 20 yrs

8. AGE: Years 81 Months 0 Days 6
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Ridgeway Mo. 1
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name E. Prather

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

14. Maiden name Mary Cochran

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

16. (a) Informant Glen A. Prather

(b) Address 2701 40th St. E. 1st Ave

17. (a) Ballou (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkley Cemetery

18. (a) Signature of funeral director R. H. Boggs

(b) Address Ridgeway Mo

19. (a) 1-8-45 (b) L. E. Brewer
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 920

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)

(e) Means of injury _____

23. Signature Dr. J. B. Rothman (M. D. or other) Dr.

Address Ridgeway Missouri Date signed 1/8/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

RECEIVED
District Health Officer No. 111
Date Filed
District File Number

Signed RR Bogges
Licensed Embalmer No. 35-76
P. O. Address Ridgeway M

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.