. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1945

Registration District No. 1347

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17063

State File No.

Primary Registration District No. 4-2755513

Registrar's No. 83

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Brownington "Rural" Leesville Tp
(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 years, months or days)
In this community 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Brownington "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 13 mi S. E. Clinton Mo.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES JOHN PRUESSNER
3. (b) If veteran, name war 2
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 Ella
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 9 (Month) 26 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	16	hr. min.

9. Birthplace Osage County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Simon Pruessner
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophie Nolting
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Pruessner
(b) Address R. 2 Brownington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Enchanted
18. (a) Signature of funeral director Thos. Wellington
(b) Address Clinton Mo
19. (a) April 13th (Date received local registrar) (b) Myrtle Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 1945 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from — 1939, to April 12, 1945, that I last saw him alive on April 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	2½ hrs
Due to Uterine sclerosis	unknown
Due to —	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations None
Of autopsy None 9 46

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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature S. B. Hughes (M. D. or other) M. D.
Address Clinton, Mo. Date signed 4/14/45

1341

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dist. [illegible] Officer No. 7,
Division [illegible] 4-45-444
Date Filed 5-15-45

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

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.