

FILED MAY 2 1945
Registration District No. _____

Primary Registration District No. 5779

Registrar's No. 22

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town Eldon RURAL FRANKLIN
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

(c) City or town Eldon "RURAL"
(If outside city or town limits, write "RURAL")

(d) Street No. FRANKLIN TOWNSHIP
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH PRUITT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1945 hour 3 minute 7 P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1944 to APR 30, 1945
that I last saw her alive on APR 28, 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married WIDOWED
(b) Name of husband or wife Joseph Pinkney PRUITT 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 25 1868
(Month) (Day) (Year)

Immediate cause of death Cancer Rectum

Due to _____

Due to _____

8. AGE: Years 77 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Cole, Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

Major findings: Of operations _____

Of autopsy 46 _____

11. Industry or business _____

MOTHER { 12. Name JAMES GARRETT

FATHER { 13. Birthplace UK 9
(City, town, or county) (State or foreign country)

14. Maiden name HARRIETT DANE

15. Birthplace UK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Belem Duncan

(b) Address Eldon, Mo.

17. (a) BURIAL (b) Date thereof 5-2-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodley Cemetery

18. (a) Signature of funeral director Donio D. Puccio

(b) Address Eldon, Mo.

19. (a) 5-2-45 (b) _____
(Date received local registrar) (Registrar's signature)

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 W. F. Allen (M. D. or other) _____
Address Eldon Mo Date signed 4/30/45

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

RECEIVED

Miller County Health Dep't.

County File Number 45-39

Date Filed 5-5-45

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

Louis D. Phillips

, Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No.

3663

P. O. Address

Edon

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.