

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17760

State File No. \_\_\_\_\_

FILED JUN 11 1945

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Pemiscot  
 (b) City or town Rural Little Prairie Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Braggadocio  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether)  
 In this community 42 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Braggadocio  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM A. PRINCE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased June 21 1874  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 2 hr. min.

9. Birthplace Wayne County, Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John H. Prince

13. Birthplace Lawrence County, Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Cruse

15. Birthplace Lawrence County, Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. A. Prince

(b) Address Braggadocio, Mo.

17. (c) Burial (b) Date thereof 5/26/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. B. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 5-26-1945 (b) Jessie N. Markay  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
 year 1945 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death met death at his own hands according to jury's verdict rifle shot Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) suicide  
 (b) Date of occurrence May 23 1945  
 (c) Where did injury occur? near Braggadocio Pem. Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home

While at work? rest (Specify type of place) (e) Place of injury rifle shot  
 Signature L. E. Bengelheim (City or town) (County) (State) or other) acting coroner  
 Address Braggadocio Mo. Date signed 5-26-45

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

5-45-120

MAR 22 1946

**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 \_\_\_\_\_ *E. J. White*

Licensed Embalmer No. 4168

P. O. Address Landersville, 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.**