. S. No. 2
M—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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23920

FILED AUG 14 1945

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Albany Mo 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Marvin Mason Pratt

3. (b) If veteran, name war

3. (c) Social Security # No. 500-07-5672

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Ollie Coulter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 19 (Day) 1872 (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Gentryville (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Thomas T Pratt
13. Birthplace Springfield (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Mary K Selzer
15. Birthplace Harlan Co (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Warren Pratt

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 24 (Day) 45 (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford Brown

(b) Address Albany Mo

19. (a) July 26-1945 (Date received local registrar) (b) Homer W Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 18 July, 1945 to July 19, 1945 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Due to T Greenstone	25 G
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 940	

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 J N Barger (M. D. or other) 94

Address Albany Mo Date signed 7-25-45

1108

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.