

**FILED** AUG 29 1945

2000

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 614

1. PLACE OF DEATH:

(a) County GREENE  
Springfield

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

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

(d) Length of stay: In hospital or institution. 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 715 E. Pacific (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Donald A. Prater

3. (b) If veteran, name war no

3. (c) Social Security No. 498-28-0587

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4<sup>th</sup>, year 1945 hour 7:15 minute 6 M.

21. I hereby certify that I attended the deceased from July 27, 1944 to Aug 3, 1945; that I last saw him alive on Aug 3, 1945 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 20, 1928  
(Month) (Day) (Year)

Immediate cause of death Peritonitis

Due to Perforated Appendicitis

Due to (Operation on 7-28-45)

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 17 Months 5 Days 14 If less than one day hr. min.

Major findings: Gangrenous Appendix

Of operations 12:11

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business In school

12. Name Lee Prater

13. Birthplace Fair Grove Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Fazel Harrison

15. Birthplace Fair Grove Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Prater

(b) Address Pleasant Hope, Mo

17. (a) Buried (b) Date thereof Aug 6, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. H. ... Co.

(b) Address Springfield, Mo

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 Ed ... (M.D. or other)

Address Springfield, Mo Date signed 8-4-45

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

MOTHER FATHER

990

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**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..... *Ogle Stone Jr.*.....  
Licensed Embalmer No. *4176*.....  
P. O. Address *Springfield*.....

**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.**

X