

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37377

State File No.

FILED DEC 8 1945

Registration District No. 5-3-42 Primary Registration District No. 24-5546 Registrar's No. 71

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town NORTH BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YEARS (Specify whether years, months or days)
In this community 5 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWARD
(c) City or town NORTH BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS ELSIE MAY PRATT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife C.N. PRATT 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY 8 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 0 If less than one day hr. min.

9. Birthplace MONITEAU COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name GEORGE WILLIAMS

13. Birthplace MONITEAU COUNTY MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name MARTHA ALLISON

15. Birthplace MONITEAU COUNTY MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant C.N. PRATT (b) Address NEW FRANKLIN MO.

17. (a) BURIAL (b) Date thereof 11/11/45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation COLUMBIA MO.

18. (a) Signature of funeral director STEGNER & KOENIG (b) Address BOONVILLE, MO.

19. (a) 11-8-45 (b) Anna P. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 5th year 1945 hour 4 minute N.A.M.

21. I hereby certify that I attended the deceased from June 1945 to Nov 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma primary of uterus Due to with generalized metastases

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

Major findings: Of operations: Of autopsy: 488

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 M. J. DeWagner (M. D. or other) M.D. Address Boonville Mo Date signed 11/7/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

507

1581

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-7-70

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed James W. Signer

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.