. 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

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42055

Registration District No. 268 Primary Registration District No. 5904 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Butler Twp
(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 Pemiscot 78

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Elige Pruett

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary Pruett

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan (Month) 12 (Day) 1873 (Year)

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

9. Birthplace Kinnington (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jim Pruett
13. Birthplace Carroll (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name Martha McGee
15. Birthplace Carroll (City, town, or county) Tenn (State or foreign country) 1

16. (a) Informant Tom Pruett
(b) Address Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo

19. (a) 12-30-45 (Date received local registrar) (b) Mrs. W. A. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1945 hour 12 minute 15 P.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.

	Duration
Immediate cause of death Chronic Endocarditis with marked myocardial weakness	
Due to Chronic Anaemia	
Due to Nutritional deficiency	
Other conditions Kidney failure toward the last (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 A. A. Rieder 0 (M. D. or other)

Address Portageville, Mo. Date signed 12/13/45

1523

(Licensed Embalmer's Statement on Reverse Side)

12-45-257

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 Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address Portageville, 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.

. No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Perlet State File No. ~~3582~~

Registration District No. 268 Primary Registration District No. 5906 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural Tiddaknee Tp
(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 Mo (b) County Pemiscot 78
(c) City or town Near Portageville, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) U
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elige Pruette
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Pruett
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased January (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months 4 Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Jim Pruett
13. Birthplace Carroll County (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Martha McGee
15. Birthplace Carroll County (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Tom Pruett
(b) Address Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville
18. (a) Signature of funeral director Deloide Funeral Parlor
(b) Address Portageville Mo.
19. (a) 1-30-46 (Date received local registrar) (b) Mrs. A.G. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Dec., 1945 to Dec., 1945; that I last saw him alive on Dec 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza & Bronchopneumonia	
Due to	
Due to	
Other conditions Extreme age (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 23	

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 A. A. Rieder (M. D. or other)
Address Portageville, Mo. Date signed 12/27/45

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

100691

246 (Licensed Embalmer's Statement on Reverse Side)

1-46-28

1915-12-19
1873-1-12
72 11 - 0

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 Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address Portageville, 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.