

**FILED DEC 29 1945**

Registration District No. **244**

Primary Registration District No. **3056**

Registrar's No. **222**

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

**1. PLACE OF DEATH:**

(a) County **Randolph**

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

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

(d) Length of stay: In hospital or institution **13 days**  
(Specify whether whole life) (Specify whether years, months or days)

In this community **whole life**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Chariton**

(c) City or town **Salisbury**  
(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** **Carrie Virginia Prather**

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **13** year **1945** hour **1:45** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **Oct. 31** **1945** **to** **Nov. 13** **1945**  
that I last saw h. **er** alive on **Nov. 12** **1945**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M /**

(b) Name of husband or wife **Samuel Prather** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Sept 17 1884**  
(Month) (Day) (Year)

Immediate cause of death **Subarachnoid hemorrhage.**

Duration \_\_\_\_\_

**8. AGE:** Years **61** Months **1** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **Mo**

10. Usual occupation **housewife**

Major findings: Of operations \_\_\_\_\_

Of autopsy **830**

Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **Martin Tillotson**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) **Mo**

14. Maiden name **Elizabeth Hunt**

15. Birthplace **Mo** (City, town, or county) (State or foreign country)

**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? \_\_\_\_\_

16. (a) Informant **Lorne Nahas**

(b) Address **Arlington Va**

17. (a) **Burial** (b) Date thereof **11-15-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury**

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**23. Signature** **W. Reed** (Registrar's name or other) **M.D.**  
Address **300 1/2 W. Reed** Date signed **11-17-45**

18. (a) Signature of funeral director **Geo Winkelmeyer**

(b) Address **Salisbury Mo**

19. (a) **Nov 15 1945** (b) **W. Reed**  
(Date received local registrar) (Registrar's signature)

1601

JAN 25 1946

RECEIVED

District Health Officer No. 10

District File Number 12-45-1900

Date Filed DEC 20 1945

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 Chas H Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury MD

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.