

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9162**
Registrar's No. **44**

FILED APR 15 1946

Registration District No. **133** Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
(a) County **Harrison**
(b) City or town **Bethany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bethany, Missouri**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days** (Specify whether years, months or days)
In this community **6 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Harrison**
(c) City or town **Bethany,**
(If outside city or town limits, write "RURAL")
(d) Street No. **South 15th St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Samuel Boyd Prunty**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Sept. 9 1885**
(Month) (Day) (Year)

8. AGE: Years **60** Months **6** Days **20** If less than one day hr. min.

9. Birthplace **Sumner Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Hotel manager**

11. Industry or business **Hotel**
12. Name **William Prunty**
13. Birthplace **do not know**
14. Maiden name **Mary Ross**
15. Birthplace **do not know**

16. (a) Informant **Pearl Prunty**
(b) Address **Bethany, Missouri**
17. (a) **Removal** (b) Date thereof **3-31-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive-Mafceline Mo.**
18. (a) Signature of funeral director **M. H. ...**
(b) Address **Bethany, Missouri**
19. (a) **Mich 30-46** (b) **Gola Burris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29** year **1946** hour **12** minute **10** P.M.
21. I hereby certify that I attended the deceased from **January 7, 1946** to **March 29, 1946**; that I last saw him alive on **March 29, 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **(Angina Pectoris)**
— Insufficiency of Coronary Arteries —
— Sclerosis of Aorta —

Due to **Chronic Nephritis**
Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: Of operations? **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **3-29-46**
(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 **Will Prunty** (M. D. or other) **D**
Address **Bethany Mo** Date signed **3/29/46**

Duration **16 days**
3 yrs
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Melvin B Haas

Licensed Embalmer No. *3899*

P.O. Address *Bethany, 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.