

Registration District No. 100

Primary Registration District No. 5383

Registrar's No. 44

**1. PLACE OF DEATH:**

(a) County DENT

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

(c) Name of hospital or institution: NONE  
(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 DENT

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

(d) Street No. NEAR GLADDEN, MO  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** WALTER BEECH PRUGH SR.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife CAMILLA PRUGH

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased FEB 6 1862  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>84</u>	<u>3</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace MADISON County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

**MOTHER FATHER**

12. Name JAMES W. PRUGH

13. Birthplace No RECORD  
(City, town, or county) (State or foreign country)

14. Maiden name MELISSA FRENCH

15. Birthplace No RECORD  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter B. Prugh Jr.

(b) Address SALEM, MO

17. (a) BURIAL (b) Date thereof 5-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEPLEY, CEM.

18. (a) Signature of funeral director Carl Spencer

(b) Address SALEM, MO

19. (a) 5-31-46 (b) Dr. M. Hart, de Wylder  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 29  
year 1946 hour 4:10 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4/24/46  
\_\_\_\_\_ 19\_\_\_\_, to 5/29/46 19\_\_\_\_;

that I last saw him alive on March 15 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Carcinoma

Duration 37m

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

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

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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

(e) Means of injury ①

Signature A. E. Griffith (M. D. or other) \_\_\_\_\_

Address Salem, Mo. Date signed 5/2/46

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

33  
0  
0

15

RECEIVED

District Health Officer No. 5,

District No. 646393

Date Filed 6-6-46

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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..... Wm. W. McDonald.....

Licensed Embalmer No. 3806.....

P. O. Address Salem, 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.