

FILED JUL 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 1315 Rosemary Lane  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1315 Rosemary Lane  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME Margaret Lee Prather

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife E. M. Prather Prather 6. (c) Age of husband or wife if alive, deceased 1861 years  
7. Birth date of deceased Sept. 3 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 7 2 hr. \_\_\_\_\_ min.

9. Birthplace Boone County Mo (City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name James W. Conley |  
13. Birthplace Kentucky (City, town, or county) (State or foreign country) |  
14. Maiden name Eliza Reid |  
15. Birthplace Kentucky (City, town, or county) (State or foreign country) |

16. (a) Informant Miss Roberta Prather  
(b) Address 1315 Rosemary, Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetary

18. (a) Signature of funeral director Paul L. ...

(b) Address Columbia Mo.

19. (a) 6-8-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 5 year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to June 5 1946 that I last saw her alive on June 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration ?

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

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

Major findings: Of operations 97 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) (c) Means of injury ?

23. Signature E. J. Baskett (M. D. or other) M.D.  
Address Columbia Mo. Date signed 6/8/46

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

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2  
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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

AUG 28 1945

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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 Thomas L. [Signature]

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.**