

3. No. 2
-8-43
5-17-39
K37823

FILED Jul 12 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 27

Primary Registration District No. 4496145

Registrar's No. 621

1. PLACE OF DEATH:

(a) County Shelby county

(b) City or town Shelbina, Mo. Rural
(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 None
(Specify whether)

In this community Entire life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

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

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

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

If yes, name country:

3. (a) PRINT FULL NAME Thomas Harrison Pruitt

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1946 hour 4 minute 30 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winnie Ann Pruitt 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: June 18th 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN 1, 1932
1932 to JUNE 13, 1946
that I last saw him alive on JUNE 13, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>11</u>	<u>25</u>	hr. min.

Immediate cause of death Principals Anemia hemorrhage

Due to Principals Anemia

9. Birthplace Shelby county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Due to

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business II

12. Name Wallace Pruitt

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary COX

15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations g 30

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Thomas H. Pruitt

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 6-15-1946
(Burial, cremation, or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Million & Barkeley
Shelbina, Missouri

(b) Address

19. (a) July 5-46 (b) Keith Joyner
(Date received by registrar) (Registrar's signature)

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) 2

(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 S. L. Simpson (M. D. or other) DO

Address SHELBYNA Date signed June

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

2
2
0

MOTHER FATHER

307

26-46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1336

Date Filed JUL 11 1946

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. Hawkins*

Licensed Embalmer No. 3498

P. O. Address Shelburne Vt

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.