

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1418

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt
(c) City or town Oregon
(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 Mary Elizabeth Prussman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, married Widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August 11 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 14 If less than one day
hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER } 12. Name James T. Elder
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Falls
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Prussman
(b) Address Oregon Mo.
17. (a) Burial (b) Date thereof 12 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director James H. Pittzob
(b) Address Oregon Mo.

19. (a) Dec 26, 1946 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th.
year 1946 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 17, 1946, to Dec 25, 1946;
that I last saw he ed alive on Dec 25, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck - left femur
Myocardial infarction
Days earlier
Arteriosclerosis general
Due to

Duration
12-16-46

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) Accident
(b) Date of occurrence 12-16-46 (5pm)
(c) Where did injury occur? Oregon - Holt - Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? No. (Specify type of place) (e) Means of injury Fall

23. Signature E. B. Jenkins (M.D. or other)
Address St Joseph Mo Date signed 12-26

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

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 *James H. Pettijohn*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.