

FILED APR 2 1947

State File No.

Registration District No. 163

Primary Registration District No. 2-8-96

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town De Soto, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Elsworth Prather

3. (b) If veteran, name war L
3. (c) Social Security No. 493-05-1552

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife Julia Prather
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 15 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 3
If less than one day: hr. _____ min. _____

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

10. Usual occupation Electrical Const. Grd. Man.

11. Industry or business U. E. L. & Power Co.

12. Name Victor Otto Prather

13. Birthplace Columbus Ind
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stafford

15. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Seaman

(b) Address Pocahontas Ark

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3-22-47
(Month) (Day) (Year)

(c) Place Wood Lawn

18. (a) Signature of funeral director J. Lee Mollenhead

(b) Address De Soto, Mo.

19. (a) 3-27-47 (Date received local registrar) (b) Maries Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18th
year 1947 hour 2:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 16 1947, to Mar. 18 1947
that I last saw him alive on Mar. 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease ?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy _____

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 0

23. Signature Chas P. Hall (M. D. or other) _____

Address De Soto Mo. Date signed 3/20/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-1-47

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 *J. Lee Mathershead*
Licensed Embalmer No. *3531*
P. O. Address *Lee Sato, Neo*

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.