S. No. 2
1—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25008

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 256

1. PLACE OF DEATH:

(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell 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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 901½ West Third
(If rural, give location): no
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Virgie E. Lawson Pruitt

3. (b) If veteran, name war: none

3. (c) Social Security No.: 494-30-8089

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Robert F. Pruitt

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: December 5, 1898 (Month) (Day) (Year)

8. AGE: Years 48 | Months 7 | Days 23 | If less than one day hr. min.

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

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: G.D. Lawson
13. Birthplace: Moniteau County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah V. Jobe
15. Birthplace: Moniteau County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Robert F. Pruitt (husband)
(b) Address: 901½ West Third, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.

19. (a) 7/29/47 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from July 19 – 1947 to July 27 – 1947
that I last saw her alive on July 27 – 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertension & Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Alfred E. Trower M.D. (M. D. or other)
Address: 111 W 4 Sedalia Mo. Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-4-47
Date Filed

AUG 19 1947

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.