

27483

State File No.

FILED AUG 18 1947

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 406 EAST 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)
In this community 7 years

3. (a) PRINT FULL NAME IDA ELVIRA PRUITT

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife TOM PRUITT 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased FEB. 12 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 22 If less than one day --- hr. --- min.

9. Birthplace GRUNDY County MD
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOMER

12. Name EDWARD WATTS
13. Birthplace TASEWELL County MD
(City, town, or county) (State or foreign country)
14. Maiden name NANCY JABOV
15. Birthplace TASEWELL County MD
(City, town, or county) (State or foreign country)

16. (a) Informant TOM PRUITT
(b) Address TRENTON, MO
17. (a) BURIAL (b) Date thereof AUG 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SALEM GRUNDY County MO

18. (a) Signature of funeral director: R. A. Davis
(b) Address Trenton, Mo.
19. (a) 8/4/47 (b) June Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GRUNDY
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 406 EAST 17th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 3
year 1947 hour 3:55 minute A M.
21. I hereby certify that I attended the deceased from July 1 to Aug 3 1947
that I last saw the deceased alive on Aug 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arterio Sclerosis

Due to ---
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: g3p
Of operations ---
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 ---
23. Signature E. J. Davis (M. D. or other)
Address Trenton, Mo. Date signed 8/4/47

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

SEP 18 1947
OCT 21 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Rafel A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Stanton, 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.