S. No. 2
—12-45
. 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. 28455

FILED AUG 20 1947

Registration District No. 20 Primary Registration District No. 3047 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sale Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")

(d) Street No. E. Spring St. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John M. Pratt

3. (b) If veteran, name war World War I

3. (c) Social Security No. 493-16-0574

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella May Pratt

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August (Month) 9 (Day) 1894 (Year)

8. AGE: Years 53 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Fargo (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Pratt
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Myrtle Vansickle
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ella May Pratt 1
(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Godman Mo.

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.

19. (a) Aug. 16, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) 0451

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1947 hour 10:30 minute P.M.

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

Immediate cause of death Gunshot wound of head - frontal 22 Rifle

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 184

Of autopsy None 187

Duration

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 43

(b) Date of occurrence Aug 12th 1947

(c) Where did injury occur? Home E. Spring St. Neosho Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Gunshot wound

23. Signature Melvin C. Bowman (M. D. or other) M.D.

Address Neosho, Mo Date signed Aug 16 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton
District File Number 847-169
Date Filed 8-19-47

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 Carly Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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.