

FILED SEP 16 1947
Registration District No. **238**

Primary Registration District No. **5821**

Registrar's No. **232**

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

1. PLACE OF DEATH:
 (a) County **New Madrid**
 (b) City or town **Marion #1**
(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 **8 yr.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Marion #1**
(If outside city or town limits, write "RURAL")
 (d) Street No. **#1**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Valle Pruitt**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **27th**
 year **1947** hour **6** minute **30 A.M.**
 21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw **h e** alive on..... 19.....
 and that death occurred on the date and hour stated above.

4. Sex **Male**
 5. Color or race **Colored**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Florence Pruitt**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **July 27 1907**
(Month) (Day) (Year)

Immediate cause of death.....
Epileptic fits
 Due to.....
found in a small
 Due to.....
tailed hole
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years **40** Months **0** Days **0**
 If less than one day..... hr..... min.

Major findings: **GS**
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **Shelby County Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
 11. Industry or business **Mr. Whitson**
 12. Name **George Pruitt**
 13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife**
 (b) Address **Marion #1**
 17. (a) **Burial** (b) Date thereof **July 29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place, burial or cremation **Crynsdale**

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 **Dr. H. J. Taylor** **Coroner**
(M.D. or other)
 Address **New Madrid Mo.** Date signed **Aug 27 1947**

18. (a) Signature of funeral director **W. J. Taylor**
 (b) Address **Shelby Mo**
 19. (a) **8-28-47** (b) **Richard Jones**
(Date received by registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2

District File Number 947-1219

Date Filed 9-13-47

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..... *James M. Scott*

Licensed Embalmer No. *4250*

P. O. Address..... *East Prairie, 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.