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5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40580

FILED DEC 12 1947

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 3072

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.

(c) Name of hospital or institution: 401 E Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Septone  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline '97

(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 401 E Washington 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Randolph Prady

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1947 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from investigation  
the death May 29, 1947 19\_\_\_\_  
that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair Blk

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: Sept 30 47  
(Month) (Day) (Year)

Immediate cause of death Suffocation in bed

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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

10. Usual occupation Baby

11. Industry or business Baby

12. Name William R. Prady

13. Birthplace Marshall Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Paul Powell

15. Birthplace Call City Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Powell

(b) Address 401 E Washington City

17. (a) burial (b) Date thereof 12-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun View Marshall Mo

18. (a) Signature of funeral director Augustus

(b) Address Marshall Mo

19. (a) Dec-1-1947 (b) Sidney J Gray  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental Suffocati

(b) Date of occurrence May 29, 1947

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State) 97 3

(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 R L Lawless Crown (M. D. or other) Saline Co

Address Marshall Mo Date signed 11/30/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-11-47

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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 \_\_\_\_\_

\_\_\_\_\_ working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed George Green

Licensed Embalmer No. 4230

P. O. Address Marshall, 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.