

Registration District No. 2/1948

Primary Registration District No. 5783

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Miller  
 (b) City or town Iberia, Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: No  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
 (Specify whether  
 In this community All Life  
 years, months or days)

3. (a) PRINT FULL NAME Horatio Prater3. (b) If veteran,  
name war No3. (c) Social Security No.  
No

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Cynthia Jane Prater  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased April 15 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>19</u>	hr. min.

9. Birthplace Vandalia Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Farming

## 11. Industry or business.

12. Name John M. Prater13. Birthplace Vandalia, Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Mary Stine15. Birthplace Vandalia Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Cynthia Jane Prater(b) Address Iberia, Missouri17. (a) Burial (b) Date thereof Jan. 6, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethany Cemetery18. (a) Signature of funeral director Walter P. Hedges(b) Address Iberia, Missouri (Rural)19. (a) Jan-4-48 (b) Jessie P. Hedges  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66  
 (c) City or town Iberia (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd  
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from

Jan 7 1948, to Jan 3 1948  
 that I last saw him alive on Dec. 17, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary ThrombosisDue to Cardiovascular 2 yrsDue to Arterial Sclerosis 10 yrsOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none made

PHYSICIAN

Underline the cause of death which 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 \_\_\_\_\_

1948 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) Manner of injury \_\_\_\_\_

23. Signature E. Mallick (M. D. or other) M.D.Address Cracker, Mo Date signed 1-6-48

MAR 11 1948

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 \_\_\_\_\_

Walter J. Hedges, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Walter J. Hedges

Licensed Embalmer No. 4265

P. O. Address: Meriv, 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.