S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18804

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 208

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Essex 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothea Matilda Pruitt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. S. Pruitt
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June (Month) 22 (Day) 1874 (Year)

8. AGE: Years 73 Months 11 Days 16 If less than one day hr. min.

9. Birthplace New Harmony (City, town, or county) Indiana (State or foreign country) 1
10. Usual occupation House-wife
11. Industry or business
FATHER
12. Name William Deneke
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Sophia Deneger
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant William S. Pruitt
(b) Address Essex, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 6/15/48 (Date received local registrar) (b) R H Minetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from June 7, 1948, to June 8, 1948 that I last saw her alive on June 8, 1948, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	1 day
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

131B

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 form, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other) XXXX
Address Poplar Bluff, Missouri Date signed 6/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-796
Date Filed 6-21-42

JUL 9 1942

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 J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.