FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30288

Registration District No. 283 Primary Registration District No. 5655 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 46 days (Specify whether

In this community 46 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Desloge (If outside city or town limits, write "RURAL") 0

(d) Street No. 104 No. Main St. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Gilbert H. Pratt

3. (b) If veteran, name war No

3. (c) Social Security No. 702-16-6466

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Arminta Pratt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 29 (Month) 1884 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	6	27	hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Railroad work

11. Industry or business Railroad

FATHER
12. Name Eli R. Pratt 0
13. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Richardson
15. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Max Lossett

(b) Address Mt Vernon Mo.

19. (a) Sept 25-'48 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature) 411 0 DJK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1948 hour 1:15 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug 10, 1948 to Sept. 25, 1948 that I last saw him alive on Sept. 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	Over 2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

PHYSICIAN — Underline the cause of which death 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

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C E Hellweg M.D. (M. D. or other)

Address Mt. Vernon, Mo Date signed 9-25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-1109
Date Filed SEP 2[illegible] 1948

OCT 22 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Max L Lossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.