

FILED NOV 22 1948

Registration District No. **42**

Primary Registration District No. **5134**

Registrar's No. **1226**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Rural, Washington Twsp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Ambulance enroute to Hospital. 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. #3** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Leonard Harrison Prather** ✓

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-18-6552**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Idea M.** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 22 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	22	hr. min.

9. Birthplace **Orleans Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **self**

MOTHER FATHER { 12. Name **Martin Prather** ✓
13. Birthplace **Unk Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Rachel Prather**
15. Birthplace **Unk Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Nichols**

(b) Address **R.F.D.#3, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **11-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Stans Funeral Home**

(b) Address **St. Joseph, Mo.**

19. (a) **11-19-48** (b) **G. B. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14**
year **1948** hour **11** minute **45 a.m.**

21. I hereby certify that I attended deceased from **Nov. 14th** 19**48** to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g. h.** Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury **Coroner**

23. Signature **B. W. Tadlock** (M. D. or other) **11-18-48**
Address **King Hill Bldg** Date signed _____

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

Ladlock

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.....

Charles E. Bennett....., Registered Apprentice No. 284
working under my personal supervision.

Signed Charles W. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.