

1819 JUN 22 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18333  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Dunklin MO Registration District No. 284  
 (b) Township Highmont Primary Registration District No. 5404 B  
 (c) City Highmont or Highmont (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
630 Edward Delane Prewitt  
 2. PRINT FULL NAME  
 (a) Residence, No. Dunklin MO 77000 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1940  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. infant  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin MO

FATHER  
 13. NAME Lewis Edward Prewitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sharp CO Ark.

MOTHER  
 15. MAIDEN NAME Rachel Paul Hogg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin MO

17. INFORMANT (ADDRESS) Lewis Edward Prewitt  
Highmont MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Lloyd Cemetery DATE 4-27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jernigan Funeral Home  
Piggott Ark

20. FILED 5-10 1940 J. Anderson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1940  
 22. I HEREBY CERTIFY, that I attended deceased from unattended by a Physician  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ min.  
 The principal cause of death and related causes of importance were as follows:

Congenital Valvular Heart Disease  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 157C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) George J. Gilmore M.D.  
Coroner of Dunklin MO  
 (Address) Highmont 7700

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number

640 - 11600

Date Filed

6/20/40

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**