S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36491

Registration District No. 801 | Primary Registration District No. 4430 | Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Sweet Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 207 S. Locust Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community Two years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs Mo (If outside city or town limits, write "RURAL")

(d) Street No. 207 S. Locust (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME NYSENE J. PREWITT

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 Single

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased December (Month) 27 (Day) 1903 (Year)

8. AGE: Years 96 | Months 8 | Days 13 | If less than one day ✓ hr. ✓ min.

9. Birthplace Schell City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Dramatic Art

11. Industry or business ✓ ✓

FATHER
12. Name Rev. George E. Prewitt
13. Birthplace Waverly (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nellie Marie Jarvis
15. Birthplace Schell City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. G. E. Prewitt

(b) Address Sweet Springs Mo

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

(c) Place: burial or cremation Schell City Missouri

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Missouri

19. (a) 9/10/40 (Date received local registrar) (b) R. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1940 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept 12, 1939, to Sept 10, 1940; that I last saw her alive on 9/9-40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma of left kidney c̄ extension to the Pelvis + vertebrae

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Chas R Parsons (M. D. or other) M.D.

Address Sweet Springs Mo Date signed 9-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

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 ..... Cul ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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, above space should be left blank.