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-4-41
17-39
X26390

FILED SEP 12 1941
Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1701 Connecticut**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **44 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1701 Connecticut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY ETHA Prewett**

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 **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **March 31 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Davis Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **No Record**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Prewett**

(b) Address **1819 Pyar Joplin Mo**

17. (a) **Burial** (b) Date thereof **Aug 5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Humbert - Dillon**

(b) Address **Joplin Mo**

19. (a) **8-5-41** (b) **Jasper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon **Aug 4** day **4**
year **1941** hour **1:50 P.M.**

21. I hereby certify that I attended the deceased from **May 5 1941**
to **August 4 1941**
that I last saw her alive on **Aug 2 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 days**

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.

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 _____

23. Signature **Jachnowich** (M. D. or other) **Dr. H**

Address **Joplin Mo** Date signed **8-5-41**

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

5229

41-9-743

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..... *David Hillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.