No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37727

Registration District No. DEC 13 1941 50

Primary Registration District No. 5074

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 7

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

(d) Street No. Mt Pleasant Twp. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Minnie 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 married

6. (b) Name of husband or wife J. T. Prewett.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 29. 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	1	23	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name George Claridge
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Emma Radberry
15. Birthplace ..... (City, town, or county) England. (State or foreign country)

16. (a) Informant J T Prewett
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo

19. (a) Nov 23. 1941 (Date received local registrar) (b) Nina Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 22 year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 10, 1940, to Nov. 22, 1941; that I last saw her alive on Nov 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Liver + gall bladder	
Due to	
Due to Carcinomatosis generalizer	
Other conditions (Include pregnancy within 3 months of death) Laparotomy	
Major findings: Of operations Confirmed diagnosis	
Of autopsy NO	

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 Carter W. Lester (M. D. or other) MD

Address Butler Mo Date signed 11/24/41

55

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2030
Date Filed 12-11-41

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; [redacted] ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R. Denton Lewis
Licensed Embalmer No. 4123
P. O. Address Butler, Mo.

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

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

S. No. 2B
I—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37727

Registration District No. 56 Primary Registration District No. 5074 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Bates

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Preuch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 27

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 29, 188[illegible] (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	1		hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of clinic + gall bladder

Due to

Due to Primary carcinoma

Other conditions Gall bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46 f

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 Carter Whitter (M. D. or other) MD

Address Butler, Mo Date signed 12/4