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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39213

DEC 23 1941

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 Myra
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 24 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 813 Myra
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Beverly Kay Prewett

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 15
1941 to Nov 18 1941

that I last saw him alive on Nov 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis non
spinalis ac 3da

Due to Gastro Enteritis acute

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/10

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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) Means of injury

23. Signature W. H. Huff (M. D. or other)
Address Moberly Date signed 11-20-41

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Aug 24 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 24 hr. min

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

10. Usual occupation

11. Industry or business

12. Name James Prewett

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

14. Maiden name Evelyn Summers

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

16. (a) Informant James Prewett

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Nov 19th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch near Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Nov 19-41 (b) Seale H. Bellis
(Date received local registrar) (Registrar's signature)

420 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-41-2214

Date Filed DEC 18 1941

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. None

working under my personal supervision.

Signed

Frank B. Bennett

Licensed Embalmer No. 3211

P. O. Address

Proberly Ave

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

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