

FILED APR 8 1943

State File No. _____

Registration District No. 295

Primary Registration District No. 3053

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(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 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from
Jan. 1, 1943 March 30, 1943
er March 30, 1943
that I last saw him alive on _____, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Non-malignant brain tumor.

Duration

Due to _____

Due to _____

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 sta-
tistically.

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address McFarland Hospital, Date signed 3-31-43

3. (a) PRINT FULL NAME Ruth Eleanor 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 Single

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

7. Birth date of deceased Jan 15 1932
(Month) (Day) (Year)

8. AGE: Years 11 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Prewett

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

14. Maiden name Louise Lewis

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

16. (a) Informant Henry Prewett

(b) Address Newburg, Missouri

17. (a) Burial (b) Date thereof Apr 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogers Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Newburg Mo

19. (a) 3-31-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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, ~~only~~.....

~~Registered Apprentice No.~~.....

~~working under my personal supervision.~~

Signed *Lee Johnson*

Licensed Embalmer No. *3397*

P. O. Address *Newburg 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.