

FILED JUN 7 1943  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 148

1. PLACE OF DEATH:  
**Pettis**  
(a) County  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**814 W 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **12 Years** (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **814 W 5** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Horace Edwin Prewitt**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Carry Prewitt** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **Dec. 20 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**53** **4** **11** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Nevada Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Traveling Salesman**

11. Industry or business \_\_\_\_\_  
12. Name **Charles Prewitt**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Willie Blanton**  
15. Birthplace **Austin Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Carrie Prewitt**  
(b) Address **Sedalia Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 4 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Mem. Park Kansas City Kan.**

18. (a) Signature of funeral director **McLaughlin Bros.**  
(b) Address **Sedalia Mo.**

19. (a) **5/3/43** (Date received local registrar) (b) **Mrs Anna Berger** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** at  
year **1943** hour **5** minute **12** M.  
21. I hereby certify that I attended the deceased from **May 1<sup>st</sup> 1943** to **May 1<sup>st</sup> 1943**  
that I last saw him alive on **May 1<sup>st</sup> 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 hr**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94-a**

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 **W. W. Besterman** (M. D. or other)  
Address **Sedalia Mo** Date signed **5/3/43**

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

12172  
RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-3-43

SEP 7 1943

OCT 6 1943

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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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.**