

FILED JUN 8 1948 275

Registration District No.

Primary Registration District No. 3053

Registrar's No. 44

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:
home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 8 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 1612 Ozark Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Ellen Louise 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. Infant

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

7. Birth date of deceased. 7 13 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 16
.....hr.min.

9. Birthplace. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business.....

MOTHER FATHER { 12. Name Claude Prewett
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Alma Gibson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Claude Prewett
(b) Address 1612 Ozark St., Rolla, Missouri

17. (a) Burial (b) Date thereof 3/31/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hooker Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 3/31/43 (b) [Signature]
(Registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year 1943 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Mar. 28, 1943
....., 19..... to Mar. 29, 1943;
that I last saw her alive on Mar. 29, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchial Pneumonia
(Influenza type)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 [Signature] (M. D. or other) 0
Address St. James, Mo. Date signed 3-31-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, or by.....

Man B9-43

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Gilbert

Licensed Embalmer No.....

2341

P. O. Address.....

Alexon 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.