

FILED JAN 31 1944

Registration District No. _____

Primary Registration District No. 529

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL LYON Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town RURAL
(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 F. LOUIS PEWSTER

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

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATY PEWSTER
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: JUNE (Month) 6 (Day) 1868 (Year)

8. AGE: Years 75 Months 5 Days 25 If less than one day hr. min.

9. Birthplace NEW HAVEN (City, town, or county) 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM PEWSTER

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

14. Maiden name WILMINA STUCKAMP

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

16. (a) Informant Milton Pewster

(b) Address New Haven Mo.

17. (a) BURIAL (b) Date thereof 12 4 43 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORT HUDSON, MO.

18. (a) Signature of funeral director Lois Bertig, Son

(b) Address New Haven Mo.

19. (a) 12/4/43 (b) Don Owens (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1943 hour 10:05 minute PM

21. I hereby certify that I attended the deceased from Nov. 22, 1943, to Dec. 1, 1943; that I last saw him alive on Nov. 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate Duration 4 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 518

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 2

23. Signature W. H. Held (M. D. or other) D.O.

Address New Haven, Mo. Date signed 12/3/43

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.....

Carl Fertig

Licensed Embalmer No..... *3389*

P. O. Address..... *New Haven 9*

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.