

FILED SEP 12 1944

Registration District No. **290**

Primary Registration District No. **4431**

Registrar's No. **79**

75
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Dixon**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **William M. Prewett**

3. (b) If veteran, name war _____ (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 **Anna Prewett** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased: **1** (Month) **31** (Day) **1865** (Year)

8. AGE: Years **79** Months **6** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace: **Phelps County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Clark Prewett**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Palmer**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William M. Prewett**
(b) Address **Dixon, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/22/1944**
(Month) (Day) (Year)
(c) Place: burial or cremation **Dixon**

18. (a) Signature of funeral director **Fred H. Gilbert**
(b) Address **Dixon, Missouri**

19. (a) **8-25-44** (Date received local registrar) (b) **Chas M Dodd** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski** **85**
(c) City or town **Dixon**
(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 _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **20**
year **1944** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 16** 19**44** to **Aug 20** 19**44**
that I last saw him alive on **Aug 20** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebroneg**
of liver Duration **12 mo.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **468**

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) (a) Means of injury _____
23. Signature **Dr. G. E. ...** (M. D. or other) **0**
Address **Dixon Mo** Date signed **8/22/44**

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 Aug 20 - 44 Registered Apprentice No. _____
working under my personal supervision.

Signed Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.