

FILED OCT 24 1945

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 123 So. Lorimer 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 2 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 123 So. Lorimer St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLIFTON C. PREWETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 42-03-5887

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased Aug 10 - 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Talihina Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Marquette Cement Co

12. Name John Prewett

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

14. Maiden name Dusan Sharp

15. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss L. L. Prewett

(b) Address Cape Girardeau Mo

17. (a) Removal (b) Date thereof Oct 7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Talihina Okla

18. (a) Signature of funeral director Walther Und. Co

(b) Address Cape Girardeau Mo

19. (a) 10-5-45 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1945 hour 9 minute 7 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Arterio - Sclerosis

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy A4W

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 3

23. Signature Dr. J. F. Sigmond (M.D. or other)
Address Jackson Mo Date signed 10/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

in my file

1014

IVED

Health Officer No. 4

District File Number 1045-122

Date Filed 10-23-45

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.