S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34090

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 46

54
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1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lafayette 54
(c) City or town: Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1515 Franklin 21
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: PHILLIPE E. PREWITT
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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May (Month) 17 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Lexington (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____

FATHER
12. Name: John A. Prewitt
13. Birthplace: Lexington (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Maria M. Bush
15. Birthplace: Lexington (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Mrs Marie Butler
(b) Address: Lexington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington, Mo
18. (a) Signature of funeral director: Garrett F. Trumpe
(b) Address: Lexington, Mo
19. (a) 12 Oct. 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1945 hour 8 minute 30 A.M.
21. I hereby certify that I ~~attended the deceased from~~ saw the deceased Sept - 10 1945 to ____ 19____; that I last saw ~~the deceased~~ on viewing 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary heart disease - sudden death — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: W. E. Kappenberg (M. D. or other) MD
Address: Higginsville Mo Date signed 9-10-1945

1619 (Licensed Embalmer's Statement on Reverse Side) Coroner Lafayette Co.

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

Health Officer No. 8,

10-18-45

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 Leo McTeer

Licensed Embalmer No. 3983

P. O. Address Lexington 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.