

FILED DEC 31 1945

Registration District No. **27**

Primary Registration District No. **44.3.3**

Registrar's No. **95**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Unionville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Eight Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Opal Prewitt**

3. (b) If veteran. name war **##** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Virgil O Prewitt** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **10 12 1892**
(Month) (Day) (Year)

8. AGE: **54** Years **2** Months **11** Days
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John F. Cable**

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

14. Maiden name **Sarah E. Wilkerson**

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

16. (a) Informant **V. O. Prewitt**

(b) Address **Spindola Mo**

17. (a) **Burial** (b) Date thereof **12-25-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Schoene**

18. (a) Signature of funeral director **W. O. Rusted & Son**
Unionville Mo.

(b) Address

19. (a) **12-28-46** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23rd**
year **1946** hour **10:30** minute **4** M.

21. I hereby certify that I attended the deceased from **Dec 22**
1946 to **Dec 23** 19**46**
that I last saw her alive on **Dec 23** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **10 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **100**

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 injury) Means of injury

23. Signature **Phas L. Judd** (M. D. or other)

Address **Unionville Mo** Date signed **12-24-46**

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

RECEIVED
STATE BOARD OF HEALTH
No. 10
12-46-2350
DEC 30 1948

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..... *G O Husted*

Licensed Embalmer No. *2975-*

P. O. Address..... *Unionville, N.C.*

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.