

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether)

In this community 3 years  
years, months or days

3. (a) PRINT FULL NAME Mary B. Prewitt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife William H. Prewitt 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 30 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Bernard Kelley

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

14. Maiden name Bridget D. Sheridan

15. Birthplace Co. Carin, Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Prewitt

(b) Address 606 N. Osage, Indep. Mo.

17. (a) Burial (b) Date thereof Apr. 29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Walter Mitchell

(b) Address 2100 N. Main, Independence Mo.

19. (a) 4-26-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 606 N. Osage St 4  
(If rural, give location)

(e) Citizen of foreign country? U (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1947 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 14, 1947 to April 25, 1947  
that I last saw her alive on April 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease - Acute Cardiac Deletation Duration 4 Mo.

Due to Acute Arterial Rheumism

Other conditions (Include pregnancy within 3 months of death) 95 P

Major findings: Of operations no operation

Of autopsy no autopsy

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 \_\_\_\_\_

23. Signature Ed Allen M.D. (M. D. or other) D  
Independence Mo. Date signed 4/26/47

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

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.**