

FILED FEB 27 1948

Registration District No.

Primary Registration District No. 3056

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution 301 Jefferson Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 501 Jefferson Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MINNIE BELL PREWITT

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1
48 to Feb 18 1948
that I last saw her alive on Feb 18 1948
and that death occurred on the date and hour stated above.

Duration 1 hr

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James D. Prewitt 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased June - 15 - 1878
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Clot

Due to

Due to

Other conditions Hypertension
(Include pregnancy within months of death)

8. AGE: Years Months Days If less than one day

69 8 3 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name Benjamin Terrill Trustee

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

14. Maiden name Minerva Durham

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

Major findings: 94A

Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Lester Prewitt

(b) Address 1011 N. Morley Moberly Mo.

17. (a) Burial, cremation, or removal Burial (b) Date buried Feb 20 - 48
(Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo.

19. (a) 2-20-48 (b) Ed Williams
(Date received local registrar) (Registrar's signature)

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? (Specify type of place)

(e) Means of injury D

23. Signature W. C. Guffey (M. D. or other)

Address Moberly Date signed 2/20/48

RECEIVED
District Health Officer No. 100
District File Number 2-48-274
Filed FEB 25 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, C. L. Hutton by 10

working under my personal supervision. Registered Apprentice No. 10

working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Woberly 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.