

National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. **226**Primary Registration District No. **4494**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County... **Shannon**

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

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

(d) Length of stay: In hospital or institution... **40 Yrs.** (Specify whether years, months or days)

In this community... **40 Yrs.**
years, months or days

3. (a) PRINT FULL NAME... **Mary Isabell Prewett**

3. (b) If veteran, name war... _____ 3. (c) Social Security No. _____

4. Sex... **F** / 5. Color or race... **W**

6. (a) Single, widowed, married, divorced... **Married**

6. (b) Name of husband or wife... **John Prewett**

6. (c) Age of husband or wife if alive... **84** years

7. Birth date of deceased... **April 9 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	1	21	hr. _____ min. _____

9. Birthplace... **Marys Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Housewife**

11. Industry or business... _____

12. Name... **Plese Copeland**

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

14. Maiden name... **Unknown**

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

16. (a) Informant... **Guy Prewett**

(b) Address... **Winona, Mo.**

17. (a) **Burial** (b) Date thereof... **6-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Winona, Mo.**

18. (a) Signature of funeral director... **Phil A. Leuckel**

(b) Address... **Van Buren, Mo.**

19. (a) **6-26-48** (b) **Miss Jace**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County... **Shannon** / 101

(c) City or town... **Winona, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country?... **No.** (Yes or No)

If yes, name country... _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
year **1948** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 3** 19**48**, to **June 3** 19**48**; that I last saw **her** alive on **June 3** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death... **Fracture of Right Femur Right Radial Ulna**
Shoulder

Due to... _____

Due to... _____

Other conditions... (Include pregnancy within 3 months of death) **1860**

Major findings: Of operations... **1860**

Of autopsy... _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)... **Accident**

(b) Date of occurrence... **6-5-48**

(c) Where did injury occur? **Home Winona Mo. 101**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
(Specify type of place)

While at work? **Yes** (e) Means of injury... **Falling**

23. Signature... **Frank Hyde** (M. D. or other)

Address... _____ Date signed... _____

MOTHER FATHER

RECEIVED 6-29-48
District Health Officer No. 5
District File Number 648417
Date Filed 6-29-48

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 6-3-

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

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Buren,

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.