

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 10 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No.

Registration No. 17

1758

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph Mo  
(c) Name of hospital or institution State Hospital #2  
(If not in hospital or institution, write street name and location)  
(d) Length of stay: In hospital or institution 59 yrs.  
In this community 1900 59 yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Anna Prewitt

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. none

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife ✓  
(c) Age of husband or wife if alive 3 years  
7. Birth date of deceased 1963  
(Month) (Day) (Year)

8. AGE: 79 Years 3 Months 3 Days  
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Unknown  
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 State Hospital #2  
(b) Address St Joseph Mo  
17. (a) Removal (b) Date thereof 1/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Laclede, Mo  
18. (a) Signature of funeral director  
(b) Address 319 So. 10th St - Home  
19. (a) Jan. 6, 1942 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miss 58  
(c) City or town Mine Mo 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 58  
year 1942 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 4, 1941 to January 4, 1942  
that I last saw him alive on January 4, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion  
with arteriosclerosis  
Duration

Due to pericarditis

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 R. B. Swamy (M. D. or other)  
Address State Hospital #2 Date signed 1-4-42

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 1-5-72  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Licensed Embalmer No. 3007

P. O. Address St Joseph 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.