

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1944

Registration District No. 185

Primary Registration District No. 5692

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Leinn
(b) City or town Rural Jefferson
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME WILLIAM THOMAS PREWITT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Anna Prewitt 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. - 15 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 24 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name John Graham Prewitt
13. Birthplace Leinn
(City, town, or county) (State or foreign country)
14. Maiden name Elsabeth Dallas
15. Birthplace Leinn
(City, town, or county) (State or foreign country)

16. (a) Informant Paul E. Prewitt
(b) Address Brookfield, Mo.

17. (a) Buried (b) Date thereof Mar. 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leide

18. (a) Signature of funeral director W. H. Thorne

(b) Address Leide, Mo. Leinn Co.

19. (a) Mar. 11, 1944 (b) Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Leinn
(c) City or town Brookfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles East on Highway No. 36
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 12
1943, to Mar 9, 1944
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Disease
Due to Mitral Regurgitation
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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 Roy R. Kelley (M. D. or other) MD
Address Brookfield Date signed 3-11-44

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.....
....., Registered Apprentice No. 2876,
working under my personal supervision.

Signed W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.