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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18637

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 141

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

1. PLACE OF DEATH:

(a) County Jackson Blue Twp

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

(c) Name of hospital or institution: 1706 Overton (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1706 Overton (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1940 hour 3:30 p m M.

21. I hereby certify that I attended the deceased from For more than 15 years, 19 ; that I last saw him alive on May 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to a failing heart and

Due to nephrolithiasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? 360 (Specify type of place)

While at work? (e) Means of injury

23. Signature Calvin Atkins (M. D. or other) 1

Address Independence, Mo Date signed 5/15/40

3. (a) PRINT FULL NAME Llewellyn B. Prewitt 620

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-4701

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Frances G. Prewitt

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct (Month) 6 (Day) 1866 (Year)

8. AGE: Years 73 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation American Hereford 1

11. Industry or business Breeders Association

FATHER
12. Name James Vaullen Prewitt
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Byms
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Frances G. Prewitt

(b) Address 1706 Overton Indep Mo

17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof May 15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address Independence, Mo.

19. (a) May 15-1940 (Date received local registrar) **(b)** F. L. Cook (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.