DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25659

Registration District No. 508 Primary Registration District No. 5675 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Livingston

(b) ~~City or town~~ Rural - Jackson twp.
(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 ✓ (Specify whether
In this community Life
years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Livingston

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

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

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

3. (a) PRINT FULL NAME Lewis 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 Minnie Prewitt 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept - 9 - 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	—	✓ hr. ✓ min.

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

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Israel Prewitt
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Cirelda Varney
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Cirelda L Ronon
(b) Address Trenton Mo R 4

17. (a) Burial ~~Catholic~~ (Burial, cremation, or removal) (b) Date thereof 8-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo

19. (a) 8-12-40 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1940 hour Dead 1 Known minute M.

21. I hereby certify that I attended the deceased from Never attended him, 19 , to , 19 ;
that I last saw never saw him alive, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage from history — Duration 1 hour

Due to Unknown

Due to

Other conditions Had had previous apoplectic stroke
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

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 C M Gray Coroner (M. D. ~~or other~~)
Address Chillicothe, Mo. Date signed 8/12-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Donald J. Gordon, Registered Apprentice No. 223 working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe 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, above space should be left blank.