No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24973

Registration District No. 266 Primary Registration District No. 5373 Registrar's No. 40

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

33
0
0

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution x (Specify whether years, months or days)
In this community most of her life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 033

(c) City or town Franklin Typ 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? xxx 0 years.

3. (a) PRINT FULL NAME Martha Roseann Pewitt

3. (b) If veteran, name war x

3. (c) Social Security No x

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife James H Pewitt

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

7. Birth date of deceased Sept (Month) 5 (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace St. Genevive (City, town, or county) County 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business xxxx

MOTHER FATHER

12. Name Francis Marian Shults

13. Birthplace ---- (City, town, or county) Tenn. 1 (State or foreign country)

14. Maiden name Lavina Womplar

15. Birthplace --- (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Frank Patterson

(b) Address Salem Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Dry Fork Cem.

18. (a) Signature of funeral director Carl K. Spencer

(b) Address Salem Mo

19. (a) 6-13-41 (Date received local registrar) (b) F. E. Butler M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 6 minute 00 AM.

21. I hereby certify that I attended the deceased from June 1 1941 to June 10, 1941; that I last saw her alive on June 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pyrrhic Stenosis

Due to Nephritis Chronic

Due to

Other conditions (Include pregnancy within 3 months of death) 131

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? ✓ (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D

Address Salem Mo Date signed 6/13/41

240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 741806
Date Filed

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, ~~only~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Mo.

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

If this body is not embalmed, fact should be so stated above.