

ED MAY 7 1943

Registration District No. 295

Primary Registration District No. 6014

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural moniteau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD # 4 Higbee MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD # 4 Higbee MO (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY JUNIOR PREWITT

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March - 9 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 10 hr. min.

9. Birthplace Randolph Co. MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Robert Prewitt

13. Birthplace Randolph Co. MO. O
(City, town, or county) (State or foreign country)

14. Maiden name William Summers

15. Birthplace Evansville MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Prewitt

(b) Address RFD # 4 Higbee MO

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof Mar - 21 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moherly MO

19. (a) 3/29/43 (Date received local Registrar) (b) Mr. R. O. Dray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1943 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 9 1943 to March 19 1943
that I last saw him alive on March 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Purpura ad

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 172 a

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 Dr. Guffetta (M. D. or other)

Address Moherly MO Date signed 3/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

88
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RECEIVED

District Health Officer No. 10

District File Number 543-787

Date Filed MAY 5 1943

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.....
working under my personal supervision.

*Not Embalmed
Child*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.