

FILED JUL 10 1944
 Registration District No. 200

Primary Registration District No. 2076

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

1. PLACE OF DEATH:
 (a) County Nevada
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 N Cedar Street
 (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 Missouri (b) County Nevada 108
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 515 N Cedar Street
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Henry Prewitt
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) ~~Single~~, widowed, married, divorced 2
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased Oct (Month) _____ (Day) _____ (Year) _____
 8. AGE: Years _____ Months 8 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Architect

12. Name William Wallace Prewitt

13. Birthplace Bourbon Co. Kentucky (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Mary Jane Sample

15. Birthplace Steubenville Ohio (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs. Hudson

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof June 11 1944 (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation Interment

18. (a) Signature of funeral director Henry J. Bensch

(b) Address Nevada Mo.

19. (a) 6-22-44 (b) Bozel B. Bensch (Date received local registrar) _____ (Registrar's signature) _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 9 year 1944 hour 9 minute 45.10 M.

21. I hereby certify that I attended the deceased from Aug 11 1943 to JUNE 9 1944 that I last saw him alive on JUNE 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Severity Arteriosclerotic Heart Disease
 Due to _____ Duration 10 yrs

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
 Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury C

23. Signature Orville Allen (M. D.) _____ Address Nevada Mo. Date signed 6-22-44

RECEIVED
District Health Officer No. 7
District File Number 6-44-285
Date Filed 7-8-44

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 L. B. Ferry
Licensed Embalmer No. 1960
P. O. Address Nevada 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.