

FILED DEC 7 1944

State File No. \_\_\_\_\_

Registration District No. 1225

Primary Registration District No. 2000

Registrar's No. 939

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution 12 hrs  
In this community ✓ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Walnut Grove  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Lewis Bruce Prillman  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased May 18, 1935

8. AGE: Years 9 Months 6 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lamont, Okla.

10. Usual occupation Student

11. Industry or business Grade School Student

12. Name Lewis Rydal Prillman  
13. Birthplace Anson, Kansas  
14. Maiden name Anna May Day  
15. Birthplace Jefferson, Okla.

16. (a) Informant Mrs. Edith Prillman  
(b) Address Lamont, Okla.

17. (a) Burial (b) Date thereof Dec. 1-1944  
(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director W. A. Bism  
(b) Address Walnut Grove, Mo.

19. (a) 12-7-1944 (b) B. W. Haulley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 29, 1944 to Nov. 29, 1944 that I last saw him alive on Nov. 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation from smoke & gas  
Due to: Edema of lung  
Due to: Burns of arms  
Other conditions: \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 181-19

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence November 29, 1944  
(c) Where did injury occur? Walnut Grove, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm  
While at work? no (Specify type of place) Burns, Fire resulting from coal oil.  
(e) Means of injury Fire  
23. Signature Robert S. ...  
Address Springfield, Mo. Date signed 12/1/44

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

MOTHER FATHER

984

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**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.

Signed Gene A. Burr

Licensed Embalmer No. 2664

P. O. Address Walnut Glen, 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.**