

Registration District No. 71 Primary Registration District No. 3012

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Excelsior Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Shelton Avenue /
 (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 Clay 24
 (c) City or town Excelsior Springs 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Shelton Ave. 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Prewitt
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 13th
 year 1946 hour 8 minute 5 A. M.
 21. I hereby certify that I attended the deceased from March 24 1946 to April 13 1946
 that I last saw him alive on April 12 1946
 and that death occurred on the date and hour stated above.

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Leonard W. Prewitt
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Dec 29, 1868
 (Month) (Day) (Year)

Immediate cause of death _____
Decompensated mitral valve disease -
also some coronary disease
arterial sclerosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 3 Days 14
 If less than one day _____ hr. _____ min.

Major findings: none made
 Of operations _____
 Of autopsy none made
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Sweden 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Neilson

13. Birthplace Sweden 4
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Leonard W. Prewitt

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 4-15-1946
 (Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation Elmwood Cemetery Kansas City, Mo.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 4/18/46 (b) Baroline Stulchings
 (Date received local registrar) (Registrar's signature)

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) Cause of injury _____
 23. Signature John T. Price (M. D. or other) MD
 Address Excelsior Springs, Mo Day signed 4/13/46

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

11488

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-46

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..... *J. J. White*

Licensed Embalmer No. 4168

P. O. Address. Excelsior Springs, 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.