

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ST. LUKES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether years, months or days)

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jackson

(c) City or town DAWN - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. BESSIE MAY PREWITT

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife James Alfred Prewitt

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

7. Birth date of deceased January 22, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Andrew Hamilton

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

14. Maiden name Sina

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

16. (a) Informant MR. ERNEST PREWITT

(b) Address 222 No 13th Street - R.C. Kas

17. (a) BURIAL (b) Date thereof APR 29 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHILlicothe Missouri

18. (a) Signature of funeral director W. K. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 4-29-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29 1/4
year 1946 hour 6 minute 33 A.M.

21. I hereby certify that I attended the deceased from 3-29-46
to 4-29-46
that I last saw her alive on 4-28-46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion?
Cerebral embolus?

Due to nephrectomy 1946 Apr 46

Due to Cholecystectomy 1946 Apr 46

Other conditions gall stones & kidney stones

Major findings: Nephrolithiasis
Cholelithiasis

Of operations _____

Of autopsy usual 83b

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? _____

1 While at work? (Specify type of place) _____

(c) Means of injury _____

23. Signature W. K. Newcomer (M. D. _____)
Address 1500 1st Bldg Date signed 4/29/46

1500 Professional Bldg
1:30 P.M. 50

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 1500 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.