. S. No. 2
OM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17772

FILED JUN 10 1946

Registration District No. 2014 Primary Registration District No. 3056 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Several Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Jefferson Prewitt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.C.
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, ~~married~~, ~~divorced~~ Married
6. (b) Name of ~~husband~~ or wife Lucy Thomas Prewitt
(c) Age of ~~husband~~ or wife if alive 65 years
7. Birth date of deceased Sept. (Month) 22 (Day) 1874 (Year)

8. AGE: Years 71 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Lynn Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Railroad Man
11. Industry or business
FATHER
12. Name Joseph Prewitt
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Clemens
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lucy Prewitt
(b) Address Centralia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo.
18. (a) Signature of funeral director Grover Jernigan
(b) Address Centralia Mo.
19. (a) May 1-46 (Date received local registrar) (b) Leah William Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 11 minute 45 P M.
21. I hereby certify that I attended the deceased from Feb 18-26, 1946 + from April 3 to April 29, 1946, 19 to 19; that I last saw him alive on April 29, 1946, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Cardio-Vascular Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John A. Maczuga Mdl. O (M. D. or other)
Address Wabash Hospital Moberly, Mo Date signed May 5, 1946

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-1137
Date Filed JUN 6 1946

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.....

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.