

Registration District No. **290** Primary Registration District No. **4427** Registrar's No. **67**

1. PLACE OF DEATH:
 (a) County PULASKI
 (b) City or town WAYNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
WAYNESVILLE GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)
 In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pulaski 85
 (c) City or town Hooker 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? Mo. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Prewett, Warren
 3. (b) If veteran, name war World War 2 3. (c) Social Security No. 488-12-5855

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 5
 year 1946 hour 2:40 minute A M.
 21. I hereby certify that I attended the deceased from Aug 4
 1946 to Aug 5 1946
 that I last saw him alive on 8-5 1946
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 6 3 1921
(Month) (Day) (Year)

Immediate cause of death Multiple fracture of skull with brain hemorrhage - caused by car wreck
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 25 Months 2 Days 1
 If less than one day _____ hr. _____ min.

9. Birthplace Hooker Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Service

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN
 Underline the cause which death should be charged statistically.

11. Industry or business _____
 12. Name Floyd Everitt Prewett
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Hazel Wool's
 15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Prewett
 (b) Address Hooker
 17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hooker - Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 85
 (b) Date of occurrence Aug 4 1946
 (c) Where did injury occur? Highway 66
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No
 While at work? No (Specify type of place) _____
 (e) Means of injury _____
 23. Signature Wm R. Gaylor (M. D. or other) _____
 Address Waynesville Mo. Date signed 8/5/46

18. (a) Signature of funeral director David N. Gresham
 (b) Address 616 N. 2nd St. Mo.
 19. (a) 8/8/46 (b) Amos B. McClintock
(Date received local registrar) (Registrar's signature)

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

AUG 30 1945

DEC 16 1945

SEP 19 1945

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.....

Aug. 5 - 1946

..... Registered Apprentice No.

working under my personal supervision.

Signed:

Fred H. Givens

Licensed Embalmer No. *2347*

P. O. Address *Dixon 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.

Registration District No. 290

Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Prewett - Warren

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased June 3 (Month) (Day) (Year)

8. AGE: . Years 25 Months _____ Day _____ (if less than one day) hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Ran auto. off his 66 East of Waynesville Mo. Due to loss of a wheel - Don't think any witness. Due to loss of control at time of accident. I was not other conditions. at scene of accident. (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____ 1900's

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) ACCIDENT

(b) Date of occurrence Aug 4 1946

(c) Where did injury occur? Hi 66 Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hi 66

While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Wm P. Smith (M. D. or other)

Address Waynesville, Mo Date signed 8/30/46

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

26882

SUPPLEMENTARY

DEC 16 1945

28043