

FILED JUN 19 1947

Registration District No. 1979

Primary Registration District No. 1002

Registrar's No.

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:
2828 Tracy /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
15 years (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lula Emma Prewitt

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edgar B. Prewitt 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 29 40 hr. min.

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

10. Usual occupation X

11. Industry or business at home, Stone

MOTHER FATHER

12. Name William T. Stone

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

14. Maiden name Mary E. Barnes

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

16. (a) Informant Edgar B. Prewitt

(b) Address 2828 Tracy, Kansas City, Mo.

17. (a) burial (b) Date thereof 8-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-5-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2828 Tracy
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1947 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from 7/23/47 to Aug 2 1947
that I last saw him alive on 8/2 at 6 PM. and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings; Of operations

Of autopsy

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) Means of injury

23. Signature Dr. O. Sharratt (M.D. or other)

Address 2847 E. 73 Date signed

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

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.....

Robert H. Reed

Licensed Embalmer No.....

374-5

P. O. Address.....

W. C. 7116

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.