

FILED DEC 31 1948

State File No.

Registration District No. 524

Primary Registration District No. 6093

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. State School 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 4 mo 4 da
 (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Wilburn Lee Prevost

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

4. Sex M 0 5. Color or race W 0 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: April 11 1931
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 7 29 hr. _____ min.

9. Birthplace Uxton, Mo. (City, town, or county) (State or foreign country)10. Usual occupation None11. Industry or business None

MOTHER FATHER
 12. Name George W. Prevost
 13. Birthplace Corsicana, Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Martha Rea Winkle
 15. Birthplace West Prussia, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Records, Mo. State School(b) Address Marshall, Mo.17. (a) Burial (b) Date thereof 12/13/48
(Funeral, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Monette, Mo. Co.18. (a) Signature of funeral director Bennett & Worthington(b) Address Marshall, Mo.19. (a) Dec. 11-1948 (b) Stidman J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1948 hour 6-45 minute 0 M.21. I hereby certify that I attended the deceased from 11-10, 1948 to 12-10, 1948
that I last saw him alive on 12-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 10 da
influenza 15 da

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 23X

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature P. Kelley (M. D. _____)
Address Marshall, Mo. Date signed 12/10/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-29-48

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. Leslie Sweeney*
Licensed Embalmer No. 32350
P. O. Address..... Marshall, Va.

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.