

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hyde
State File No. 36801

Registration District No. 336 Primary Registration District No. 6137 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Winona
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(c) City or town Winona
(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

3. (a) PRINT FULL NAME Earnest Prewett
3. (b) If veteran, name war no
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 25
year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

4. Sex M Color or race B
5. Color or race B
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mellissa Prewett
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased March 13 1915
(Month) (Day) (Year)

Immediate cause of death Gun Shot
Duration

8. AGE: Years 32 Months 6 Days 12
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

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

10. Usual occupation Sawmilling
11. Industry or business
12. Name Harrison Prewett
13. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Rollins
15. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Earnest Prewett
(b) Address Winona, Mo.
17. (a) Burial (b) Date thereof 9-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Sept 28 = 1947
(c) Where did injury occur? Home of deceased
(City & town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(c) Place: burial or cremation Muncel Chapel
18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.
19. (a) 10-10-47 (b) Michael Reed
(Date received local registrar) (Registrar's signature)

(e) Means of injury
23. Signature Frank Hyde (M. D. or other)
Address Eminence Mo. Date signed 9-28-47

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

60

RECEIVED

District Health Officer No. 5,

District File Number. 1047604

Date Filed 10-30-47

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 Joe S. Duncan

Licensed Embalmer No. 4325

P. O. Address Monte View, 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.