

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6546

Do not use this space.

1. PLACE OF DEATH

(a) County Greene / Registration District No. 318
(b) Township _____ Primary Registration District No. 2001
(c) City Springfield, Mo. / (d) Street No. St. Johns Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 7-1452. PRINT FULL NAME John DeWitt

(a) Residence, No. 927 N. Jefferson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1900

7. AGE About YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Territory /FATHER 13. NAME Lyn DeWitt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana /MOTHER 15. MAIDEN NAME Attie Smith /16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) W.E. DeWitt
Tulsa, Okla.18. BURIAL, CREMATION, OR REMOVAL PLACE Tulsa, Okla. DATE Feb. 18 193919. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer
(ADDRESS) Springfield, Mo.20. FILED Feb. 17 1939 Chas. A. George, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

I last saw him in bed on Feb. 17, 1939. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Emphysema of Chest
Compound Fracture of Skull Cranium of Chest

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb. 17 1938Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public PlaceNature of injury Fracture of Skull24. Was disease or injury in any way related to occupation of deceased? yesIf so, specify Gas operator on job(Signed) Chas. A. George, M.D.(Address) 604 Spring St. Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

39
6

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 *Walter E. Hamiller*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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, above space should be left blank.