

SEP 19 1939

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

28436
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Benton Primary Registration District No. 3001 Registered No. 204
 (c) City Kirksville (d) Street No. Prin. Smith Hospital St.
 (e) Length of residence in city or town where death occurred several yrs. (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. DeWitt

(a) Residence, No. 712 E. Normal Avenue St. Kirksville, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Finance
 9. Industry or business in which work was done, as saw mill, bank, etc. State Bkg. Dept.
 10. Date deceased last worked at this occupation (month and year) July 28, 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humphreys Mo.

13. NAME Johnson DeWitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Martha Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) J. M. DeWitt Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 8/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Aug 29 1939 Spencer L. Deema Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939 to Aug. 26th, 1939

I last saw him alive on August 26th, 1939 Death is said to have occurred on the date stated above, at 2:00 P.m.
 The principal cause of death and related causes of importance were as follows:

Coronary embolus

Date of onset 8-26

Other contributory causes of importance: Cerebral thrombosis

7-27

Name of operation XXX Date of XXX
 What test confirmed diagnosis? XXX Was there an autopsy? XXX

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? XXXX Date of injury 1939
 Where did injury occur? XXXX (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXXX
 Nature of injury XXXX

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify E. S. Smith
3 (Signed) E. S. Smith, M. D. M. D.
 (Address) Kirksville, 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

1
2
2

JUL 20 1948

RECEIVED

District Health Officer No. 10

District File Number 9-39-1664

Date Filed SEP 12 1939

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

Harold A. Kegan

Licensed Embalmer No. 4076

P.O. Address Firksville,

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.