

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED SEP 19 1940

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

28634
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349

(b) Township Juba Primary Registration District No. 5457 Registered No. 14

(c) City _____ (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 32 yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lucy Witt

(a) Residence, No. 17 Henry Co. mo. Russell (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not remember</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1881</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>11</u>	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>none</u>			
	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) <u>Kentucky</u>				
FATHER	13. NAME <u>W. L. Witt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Arnold Witt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Arnold Witt</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Cemetery</u> DATE <u>Aug 8 1940</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. Hawley</u> <u>956 Calhoun mo.</u>				
20. FILED <u>Aug. 12, 1940</u> <u>Edith J. Simpson</u> (Address) <u>Windsor mo.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 19 40, to Aug 4, 19 40

I last saw him alive on Aug 4, 19 40 Death is said to have occurred on the date stated above, at 8 P. m.

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

Cardiac Decompensation 1 year

Other contributory causes of importance: 9518 2

Name of operation _____ Date of _____

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

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

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ray B. Jordan M. D.

(Address) Windsor mo.

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1245

Date Filed 9-24-40

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, myself

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed J. J. [Signature]

Licensed Embalmer No. 3502

P. O. Address Calhoun Ave

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.