No. 1
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32823

FILED OCT 18 1940

Registration District No. 420 — Primary Registration District No. 5896 — Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis

(b) ~~City or town~~ Rural Heaths Creek Twh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Beaman, Mo. R.F.D. # 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 74-1-13
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Rural Beaman
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Calvin Isiah DeWitt

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

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca De Witt | 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 25, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	13	____ hr. ____ min.

9. Birthplace Pettis County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer 9

11. Industry or business 9 1

MOTHER FATHER

12. Name Benjamin De Witt

13. Birthplace Unkown (City, town, or county) ____ (State or foreign country)

14. Maiden name Pamelia Ann Potter

15. Birthplace Unkown (City, town, or county) ____ (State or foreign country)

16. (a) Informant Mrs. Rebecca De Witt

(b) Address Beaman Mo. R.F.D. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lamine Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 9/10/40 (Date received by local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 8

year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 10 1940, to Sept 8 1940, that I last saw him alive on Sept 6 1940, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chron. Int. Nephritis

Due to ____

Due to ____ 21

Other conditions (Include pregnancy within 3 months of death) ____

Major findings:
Of operations ____

Of autopsy ____

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) (e) Means of injury ____

23. Signature E. E. Anglin (M. D. or other)

Address Smithton Mo. Date signed 9/9/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number ----------

Date Filed 10-11-40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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.

No. 12B
2-20-40
X22859

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32823

Registration District No. 670 Primary Registration District No. 5896 Registrar's No.

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Prairie Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Calvin Isaiah DeWitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 74 | Months 1 | Days 13 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 9/10/40 (Date received by local registrar) (b) Flossie Ferguson (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1940 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? By means of injury

23. Signature E. E. Holden (M. D. or other)
Address Smithton Mo Date signed