

Registration District No. 290

Primary Registration District No. 5488-4174

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town DeWitt
(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

3. (a) PRINT FULL NAME

Daniel W. Retard

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 Mary M. Retard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7-1858
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miller Mill Operator

MOTHER FATHER

12. Name Jeff Retard

13. Birthplace Macon Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Virgil Harris

(b) Address DeWitt Mo

17. (a) burial (b) Date thereof Dec. 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt, Mo

18. (a) Signature of funeral director W. Davis

(b) Address DeWitt Mo

19. (a) Jan. 7-1941 (b) A. D. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt

(c) City or town DeWitt
(If outside city or town limit write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16.
year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from December 9
7, 1940, to December 16, 1940
that I last saw him alive on December 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis

Due to _____

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

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?

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert E. Martin (M. D. or other) _____

Address DeWitt Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

H. L. Gooch

..... Registered Apprentice No.

working under my personal supervision.

Signed *H. L. Gooch*

Licensed Embalmer No. *4106*

P. O. Address *Seniath 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.