

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43119

State File No.

Registration District No. 576

Primary Registration District No. 6694

Registrar's No.

1. PLACE OF DEATH:

(a) County. McDonald
(b) City or town. Seneca, Mo. Rural
(c) Name of hospital or institution:
Seneca, Mo. R.F.D. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community. 24 years
years, months or days

3. (a) PRINT FULL NAME. JOSIE DeWITT

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

4. Sex. Female 5. Color or race. white
6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife. Frank DeWitt
6. (c) Age of husband or wife if alive. 17 years
7. Birth date of deceased. January 17 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 20 hr. min.

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

10. Usual occupation. House Wife

11. Industry or business.

12. Name. Webb
13. Birthplace. Iowa
(City, town, or county) (State or foreign country)
14. Maiden name. Hannum
15. Birthplace. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant. E.L. DeWitt

(b) Address. Seneca, Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof. 12 30 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Carterville

18. (a) Signature of funeral director. P.B. Suggard

(b) Address. Seneca, Mo.

19. (a) 1/1 1941 (b) Mrs. L. H. Harper
(Overreceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. McDonald
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Seneca, Mo. R.F.D. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 12 day. 28
year. 1940 hour. 10 minute. 30 AM.

21. I hereby certify that I attended the deceased from Dec 20 - 1940 to Dec 28 1940
that I last saw her alive on Dec 26 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. FRU
Due to.
Due to. 11B

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?

4103
While at work? (Specify type of place) (e) Means of injury

23. Signature. P.B. Suggard (M. D. or other)
Address. Seneca, Mo. Date signed. 12-29-40

RECEIVED

District Health Officer: No. 6,

District File Number 141-3091

Date Filed JAN 4 - 1944

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

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed

B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address

Seneca, 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.