

Registration District No. 23 1941

Primary Registration District No. 4503

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FURNISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 MONTHS
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Edna Josephine De Witt
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 MARRIED
6. (b) Name of husband or wife John P De Witt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 23 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen A. Hunsley
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Ireland
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John P. De Witt
(b) Address Lubran, Mo.

17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director J. E. Hayes
(b) Address Shelbina, Mo.

19. (a) 12-18-40 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby
(c) City or town Lubran
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 17
year 1940 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from Dec 1st, 1939, to Dec 17, 1940
that I last saw her alive on Dec 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary carcinoma
Due to _____
Due to _____

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

Major findings: Of operations None
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? 745

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

23. Signature J. E. Hayes (M. D. or other) _____
Address Shelbina Mo. Date signed 12/18/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

Sanitary Health Officer No. 10

District File Number 1-41-69

Date Filed JAN 13 1941

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.....

Me

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

working under my personal supervision.

Signed.....

E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shepherd 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.