

No. 2  
13-40  
17-39  
X23159

Registration District No. 53 Primary Registration District No. 3005 Registrar's No. 22

1. PLACE OF DEATH:  
(a) County BATES  
(b) City or town RICH HILL MO.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

3. (a) PRINT FULL NAME WILLIAM S. WITT  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M-0 5. Color or race W- 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife DELLE WITT 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased NOV-22-1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation RETIRED

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace MILLER CO MO (City, town, or county) (State or foreign country)  
14. Maiden name HEBE WITT  
15. Birthplace MILLER CO MO (City, town, or county) (State or foreign country)

16. (a) Informant CHAS LAWSON  
(b) Address RICH HILL MO

17. (a) BURIAL (b) Date thereof MAY 23-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL - PARISVILLE

18. (a) Signature of funeral director BOOTH SERVICE 5-1-41 (Specify type of place)

(b) Address RICH HILL MO. (c) Means of injury \_\_\_\_\_

19. (a) may 22 1941 (b) Claude J. Allen (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO- (b) County BATES  
(c) City or town RICH HILL MO- (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.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 21 day May year 1944 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from March 5, 1941, to May 21, 1941; that I last saw him alive on May 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Parasitic disease  
Due to Parasitic disease  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 13/a

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? \_\_\_\_\_  
Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed May 22 1941

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

RECEIVED

District Health Officer No. 7.

District File Number 6-41-978

Date Filed 6-10-41

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

*John J. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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, fact should be so stated above.