

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Farthing 41336

State File No.

Registrar's No. 32

JAN 16 1942 321

Registration District No. 216

Primary Registration District No. 5444

1. PLACE OF DEATH:

(a) County. ~~Greene~~ Rural Clay Township
(b) City or town. ~~Springfield~~
(c) Name of hospital or institution. ~~Rogersville, Mo. Route # 1~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 72 years
(Specify whether years, months or days)
In this community. 72 years

3. (a) PRINT FULL NAME Jacob De Witt

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Amanda DeWitt
(c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 5 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 12
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John DeWitt
13. Birthplace Tennessee
14. Maiden name Rebecca Wilkerson
15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda DeWitt
(b) Address Rogersville, Mo. Route # 1

17. (a) Burial (b) Date thereof Dec. 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bluff, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-19-1941 (b) Mrs. Pearl Hughes Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) County. Missouri (b) County. Greene
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clay Township
(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 1941 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Dec 17, 1941;
that I last saw him alive on Dec 13, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death uremia

Due to 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?

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

23. Signature R. R. Farthing (M. D. or other)
Address Ozark, Mo. Date signed 12-26-41

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

RECEIVED

Greene County Health Office,

County File Number 42-1-5

Date Filed 1/12/42

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.....

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.