

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 31 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42792

State File No.

Registration District No. 218

Primary Registration District No. 6430

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Keokuk
(c) Name of hospital or institution Monroe Hospital
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

3. (a) PRINT FULL NAME

ALBERT (Eli) DEWITT

3. (b) If veteran, name war

no

3. (c) Social Security No. no

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

FLORENCE DEWITT

6. (c) Age of husband or wife if alive

29 years

7. Birth date of deceased

MAY (Month)

4 1912 (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

29

7

9

hr. min.

9. Birthplace

RUSSELL

(City, town, or county)

IOWA

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farmer

MOTHER FATHER

12. Name R. W. DEWITT

13. Birthplace

ILLINOIS

(State or foreign country)

14. Maiden name

MARTIE PRATHER

15. Birthplace

RUSSELL

(City, town, or county)

IOWA

(State or foreign country)

16. (a) Informant

W. E. Riddle

(b) Address

POWERSVILLE MO

17. (a)

BURIAL

(b) Date thereof

DEC 15 1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

POWERSVILLE MO

18. (a) Signature of funeral director

COMSTOCK FUNERAL HOME

(b) Address

UNIONVILLE MO By M. Comstock

19. (a)

Dec 15 1941 (b)

W. W. Gibson

(Date of local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Putnam
(c) City or town Rural - YORKS Township
(d) Street No. Powersville Mo. P.F.D.
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1941 hour 9 minute 11 P. M.

21. I hereby certify that I attended the deceased from March 39 to Dec 13 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

Cerebral Hemorrhage
apoplexy
Nephritis Chronic
Interstitial
Anemia Pernicious

Duration

3 da.

5 yrs

4

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

J. Neal

(M. D. or other)

Address

Unionville

Date signed

12/17/41

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 2 1942

DEC 12 1941

RECEIVED

District Health Officer No. 10

District File Number 12-41-2278

Date Filed DEC 23 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Chesville, 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.