

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17784
Registrar's No. 131

FILED JUN 22 1942
Registration District No. 219

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location) ONE DAY
(d) Length of stay: In hospital or institution ONE DAY
(Specify whether years, months or days)
In this community ONE DAY

3. (a) PRINT FULL NAME JIMMYBY DE WITT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY 19, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 8 hr. min.

9. Birthplace JEFFERSON CITY, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name JOEL S. DE WITT JR.
13. Birthplace SULLIVAN COUNTY, MO.
(City, town, or county) (State or foreign country)
14. Maiden name MARY FRANCIS RICHERSON
15. Birthplace LINN COUNTY, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant JOEL S. DE WITT JR.
(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 5/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAVERVIEW CEMETERY

18. (a) Signature of funeral director John J. Heinrichs
(b) Address JEFFERSON CITY, MO.

19. 5-20-42 (a) (Date received local registrar) (b) Norma Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 E. ELM STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 5-19-42 19 5:00 PM to 5:19-42 19 5:19-42
that I last saw him alive on 5-19-42 19 5:19-42
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity. Duration

Due to hyp + one half months gestation

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) (c) Means of injury

23. Signature M. M. Rambo (M. D.)

Address Date signed

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

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.