

24658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 14 1942

Registration District No. 469.470

Primary Registration District No. 86.33

Registrar's No. 42

1. PLACE OF BIRTH:

(a) County Lawrence
(b) City or town St. Vernon Mo -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 394 days (Specify whether)
In this community 394 days years, months or days

3. (a) PRINT FULL NAME

Jesse Lee De Witt

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-9844

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Carther Lechiff De Witt

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan 7 1902 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Osceola Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business De Witt

12. Name De Witt

13. Birthplace Uniontown Pa (City, town, or county) (State or foreign country)

14. Maiden name Sara Green

15. Birthplace Cole Camp Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Reed

(b) Address Mo State San St. Vernon Mo

17. (a) (Burial, cremation, or removal) 7 10 42 (Month) (Day) (Year)

(c) Place: burial or cremation Alder Center

18. (a) Signature of funeral director W. C. Davis

(b) Address Shelton Mo

19. (a) 7-9-42 (Date received local registrar) (b) Andy Amos (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1942 hour 72:10 minute 2

21. I hereby certify that I attended the deceased from June 10th 1941, to July 9 1942
that I last saw him alive on July 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pul the over
Duration 6 yrs

Due to 13 ft

Due to 13 ft

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings: Of operations Pul the

Of autopsy Pul the

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) (a) Means of injury 13 ft

23. Signature W. C. Davis (M. D. or other) MD

Address St. Vernon Mo Date signed 7/9/42

RECEIVED

District Health Officer No. 6,

District File Number 842-1251

Date Filed AUG 13 1942

Forrest T. Horner

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.....

Boody Nat. Embalmer

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.