

FILED SEP 4 1942

Registration District No.

Primary Registration District No. 3252

Registrar's No. 282

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution Brothwell's Hospital
(d) Length of stay: In hospital or institution. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Beaman Mo.
(d) Street No. Rt. 1
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Alpha Maud DeWitt
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug, day 3, year 1942 hour 11 minute A M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ollie DeWitt 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec. 12 1892

21. I hereby certify that I attended the deceased from July 25 1942 to Aug 3 1942 that I last saw him alive on Aug 3 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 7 Days 21 If less than one day hr. min.

Immediate death. Duration 2 wks
Due to Trauma & Hemorrhage
Due to Gangrenous Appendicitis
Other conditions Preceded & Gangrenous Appendicitis

9. Birthplace Beaman Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings: Gangrenous appendicitis & Calcium Phosphate etc. Underline the cause of death of autopsy. A section of bowel from sigmoid to terminal ileum surgically.

MOTHER FATHER

11. Industry or business
12. Name Wm. Shaw
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Victoria Walker
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ollie DeWitt (b) Address Beaman, Mo.
17. (a) Burial (b) Date thereof Aug. 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Duraney, Lawing (b) Address Sedalia, Mo.
19. (a) Aug 4, 1942 (Date recorded from registrar) (b) M. S. Berger (Registrar's signature)

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 J. Frank G. Long M. D. or other M.D. Address Sedalia Mo. Date signed 8/3/42

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

80
6
4

RECEIVED

District Health Officer No. 6

District File Number _____

Date Filed 9-3-43

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

Jessie E. Richards

Licensed Embalmer No. 3464

P. O. Address Lepton, Va

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.