

Registered on **FILED NOV 1 1942**

Primary Registration District No. **4168**

Registrar's No. **56**

32
2
0

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

1. PLACE OF DEATH:

(a) County **DE KALB**

(b) City or town **MAYSVILLE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(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 **DE KALB**

(c) City or town **MAYSVILLE**
(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..... **0**

3. (a) PRINT FULL NAME **HARTHUR JESSE HITT**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **MALE** 5. Color or race **W.**

6. (a) ~~Single, widowed, married,~~
~~divorced~~ **W. 2**

6. (b) Name of husband or wife **BESSIE L. HITT**

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

7. Birth date of deceased **Nov. 9-1865**
(Month) (Day) (Year)

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

76 11 6 hr. min.

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

10. Usual occupation **TANNING LEANS, FIRSTS.**

11. Industry or business.....

12. Name **SAMUEL B. HITT**

13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **HANNAH DE VEESE**

15. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Opal Pease**

(b) Address **Maysville Mo**

17. (a) **Burial** (b) Date thereof **10/15/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OSBORN MO.**

18. (a) Signature of funeral director **WALTER FUNERAL HOME**

(b) Address **MAYSVILLE MO**

19. (a) **10-17-42** (b) **W. W. Bringley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **15**
year **1942** hour **7** minute **50 AM.**

21. I hereby certify that I attended the deceased from **Oct 1st**, 1942 to **Oct 15th**, 1942
that I last saw him alive on **Oct, 15-42**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **14 days**

Due to **arterio-sclerosis** **about 4 yrs.**

Due to.....

Other conditions **chr. Myocarditis** **3 yrs.**
(Include pregnancy within 3 months of death)

Major findings: **93d**

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 **W. W. Bringley** (M. D. or other)
Address **Maysville Mo** Date signed **10/15/42**

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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

E. Wheeler

Licensed Embalmer No.

3968

P. O. Address

Princeton 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.