

FILED NOV 11 1942

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County. Howard, Fayette,  
(b) City or town. \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME Jim Witt,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Susan Witt, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3rd 1894  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri, \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Witt,  
13. Birthplace Missouri, \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown,  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Molly Walker,  
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 10-12th 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Howard Co.

18. (a) Signature of funeral director Guy T. Halley,  
Fayette, Mo.  
(b) Address \_\_\_\_\_

19. (a) 10-12-42 (b) Thomas Halley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9  
year 42 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June  
1934 to 10-9, 1942  
that I last saw him alive on 8-10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular disease  
Syphilis

Due to \_\_\_\_\_  
Due to 309  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(a) Means of injury ○  
23. Signature W. L. Coffman (M. D. or other) M.D.  
Address Fayette, Mo. Date signed 10-12-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-10-42.....

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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

*Guy T. Halley*

Licensed Embalmer No.

*2966*

P. O. Address

*Jayette 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, above space should be left blank.