

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34185

State File No. _____

FILED NOV 5 1942
Registration District No. 178

Primary Registration District No. 5659 Registrar's No. 88

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town Rural P. Canton township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Sixty six yrs
years, months or days

3. (a) PRINT FULL NAME ELIZABETH LESCH DEWITT
(b) If veteran, name war No
(c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife STEPHEN ARNOLD DEWITT (c) Age of husband or wife if alive about 78 years
7. Birth date of deceased OCT 9 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 00 Days 7 If less than one day _____ min.

9. Birthplace Adams Co ILL
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name John LESCH

13. Birthplace Germany (unknown)
(City, town, or county) (State or foreign country)

14. Maiden name ELTMEIER (unknown)

15. Birthplace FRANC. (unknown)
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Fred Hoas
(b) Address Evans, Mo

17. (a) INT MARIAN (b) Date thereof 10-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT MARIAN

18. (a) Signature of funeral director W. J. Kelly
(b) Address Canton Mo

19. (a) 10/18/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County LEWIS
(c) City or town CANTON Rural
(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 Oct. day 16
year 42 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7 -, 1942 to 10 - 16, 1942
that I last saw her alive on 10 - 16, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Uremia

Due to Cardiac Renal Disease 172

Due to _____

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

Major findings: 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) (b) Means of injury 4

23. Signature P. W. Jennings (M. D. or other) DR.
Address Canton Mo Date signed 10-17-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-1961

Date Filed NOV - 4 1942

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

W. S. Kelly
working under my personal supervision.

Registered Apprentice No.

Signed W. S. Kelly

Licensed Embalmer No. 1955-

P. O. Address Canton, 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.