

FILED JAN - 6 1943

Registration District No.

132

Primary Registration District No.

5477

Registrar's No.

1. PLACE OF DEATH

(a) County Grundy
(b) City or town Madison Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 17, Trenton, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)
In this community 42 years

3. (a) PRINT FULL NAME William Thomas Sherman Dewitt

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Dewitt 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 1 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Madison County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Berry F. DeWitt
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Phyllis M. Coy
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Phyllis DeWitt Summers
(b) Address Ballston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation 2087 Elm, Mo.

18. (a) Signature of funeral director DAVIS FUNERAL SERVICE
(b) Address TRENTON, MISSOURI

19. (a) 12-9-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R 70 # 7, Trenton, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1942 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from July 1st 1942 to Dec 8th 1942
that I last saw him alive on Dec 8th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of Left testicle with metastases to lymph nodes
Due to Not known

Due to 51C
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Left testicle removed July 1st - 1942
Of autopsy —

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) Means of injury —
23. Signature Oliver F. Duffy (M.D. or other) —
Address 10101 N. 1st St Date signed 1942

1202 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1947

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.....

.....*Myself*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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.