

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

FILED FEB 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 1789

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1046

State File No.

Primary Registration District No. 1002

Registrar's No. 424

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1810 East 41st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Eliza Ann De Witt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Judson A. De Witt 6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year)
7. Birth date of deceased December 5 1852 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 20 hr. min.

9. Birthplace Saint Williams, Ontario Canada (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Richard Johnson
13. Birthplace Saint Williams, Ontario Canada (City, town, or county) (State or foreign country)
14. Maiden name Eliza Kern
15. Birthplace Unknown Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. M. Wilkins

(b) Address 1810 E. 41st Street

17. (a) Cremation (b) Date thereof Jan. 27, 1943 (Month) (Day) (Year)

(c) Place: Burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-27-43 (b) M. M. Brower (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1810 East 41st Street (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 19 1943 to Jan. 25 1943
that I last saw him alive on Jan. 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Brown calf Duration

Due to 162B

Due to

Other conditions Resistly
(Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature D. W. Newcomer (M. D. or other)

Address 385-10 13th St. N.W. Date signed 1/26/43

3850 W. Washburn

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

Licensed Embalmer No. 1000

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.