No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31219

State File No.

FILED OCT 13 1943

Registration District No. 1943

Primary Registration District No. 1000

Registrar's No. 1042

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1221 North 25th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether

In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 North 25th. Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Herbert Miles Hewitt

3. (b) If veteran, name war No

3. (c) Social Security No 491-10-4414

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Muriel Hewitt

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 4 (Day) 1879 (Year)

8. AGE: Years 64 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation President

11. Industry or business C. D. Smith Drug Co.,

FATHER
12. Name Robt. A. Hewitt
13. Birthplace Maysville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine M. Dalrymple
15. Birthplace Chesterville (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Muriel M. Hewitt

(b) Address 1221 No. 25th. St. Joseph, Mo.

17. (a) Mausoleum (Burial, cremation, or removal) (b) Date thereof 9/16/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 9-16-43. (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14th. year 1943 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from ..., 1939, to Sep 14, 1943; that I last saw him alive on Sep 14, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	5 min
Due to Coronary Disease	
Myocarditis	2 yrs
Due to Arterio Sclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Central Bldg St Joseph Mo Date signed 9/15/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert L. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.