

Registration District No. 1943

Primary Registration District No. 41245280

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Kahoka - rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lincoln Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Granville DeWitt

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 1 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name Wm De Witt  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Sweeney  
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Shultz  
(b) Address Kahoka Mo.  
17. (a) Buried (b) Date thereof Sept. 11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neper Co. Sullivan Co. Ind.  
18. (a) Signature of funeral director Perry S. Boston  
(b) Address \_\_\_\_\_

19. (a) 9-27-43 (b) Perry S. Boston  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark  
(c) City or town Kahoka - rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 9 Day 9 Year 1943 hour 10 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan. 30 to 22 Sep 9 - 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Senility  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 162 lb  
Other conditions \_\_\_\_\_  
(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)  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Kahoka Mo State signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

Block File Number 12-43-1615

Date Filed OCT 5 1943

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

*Chas. L. Tuttle*

Licensed Embalmer No.

*2965*

P. O. Address

*Lurray 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.