

FILED APR 13 1944

Registration District No. 324

Primary Registration District No. 3072

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME CAROL LAVONNE DEWITT

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

4. Sex Female 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 OCT 12 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 14 — hr. min.

9. Birthplace MARSHALL MO
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name MARVIN DEWITT
13. Birthplace Saline Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Wanita Wilson
15. Birthplace Slater MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MARVIN DEWITT
(b) Address MARSHALL MO

17. (a) BURIAL (b) Date thereof MARCH 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Don Short

(b) Address MARSHALL MO

19. (a) 4-5-44 (b) Mrs. T. O. Woodworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE
(c) City or town MARSHALL
(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 MARCH day 26
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3 26 1944 to 3-30 44
that I last saw him alive on 3-26 44
and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Thyroid
Due to sudden death 3 h.
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 64
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) (e) Means of injury —

23. Signature W. Woodworth (M. D. or other) —
Address — Date signed 4-5-44

RECEIVED

Health Officer No. 8

Index File Number

Date Filed

4-12-44

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.....

Not Embalmed
Don Short

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.