

Dr. T. G. McClure

FILED APR 20 1944

Primary Registration District No. 5823

Registrar's No.

14

1. PLACE OF DEATH:

(a) County New-Madrid
(b) City or town Rural *New Madrid Fair*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 Months (Specify whether
In this community 8 Months years, months or days)

3. (a) PRINT Gertrude Mae Dewitt
FULL NAME

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

Female
4. Sex W## 5. Color or race W 6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 5 22 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 9 hr. min.

9. Birthplace Morehouse Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER { 12. Name Hollis E. Dewitt
13. Birthplace Matthews Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Effie Marie Ratliff
15. Birthplace Matthews Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hollis E. Dewitt

(b) Address Morehouse Mo.

17. (a) Burial (b) Date thereof 2/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 3-15-44 (b) Helen Lane Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid 72
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1944 hour 9 minute 15A M.

21. I hereby certify that I attended the deceased from Dec. 28
to Jan. 31, 1943,
that I last saw him alive on Dec. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 day
Duration

Due to influenza 2 day

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 320
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 T. G. McClure (M. D. or other's)
Address Sikeston, Mo. Date signed 3-3-44

RECEIVED

District Health Office N

District File Number 44-6

Date Filed 4-12-4

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.....

W. Frank Emberton Registered Apprentice No.

working under my personal supervision.

Signed

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sixtenth St

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.