

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25837

State File No. \_\_\_\_\_

FILED AUG 3 1944

Primary Registration District No. 3071

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Slater  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Goldie Witt

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex female 5. Color or race negro

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

(b) Name of husband or wife Ezra Witt

(c) Age of husband or wife if alive 50 years

7. Birth date of deceased: March 22nd 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from held Inquest July 28, 1944 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>23</u>	_____ hr. _____ min.

Immediate cause of death Blow on head - concussion

Duration \_\_\_\_\_

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

10. Usual occupation at home

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 167  
(Include pregnancy within 3 months of death)

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

12. Name Chas. Brown

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

14. Maiden name Emma Slaughter

15. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Slaughter

(b) Address Slater, Mo.

17. (a) Burial (b) Date thereof 7-19-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence July 15 - 1944

(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? \_\_\_\_\_

18. (a) Signature of funeral director Hill Brothers Slater, Mo.

(b) Address \_\_\_\_\_

19. (a) July 25 - 44 (b) Mrs. John Giger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature C. L. Lewis, Coroner Saline Co.  
Address Mass. La. Mo. Date signed 7/17/44

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

MOTHER FATHER

1211

AUG 24 1944

MAR 21 1944

RECEIVED  
District Health Officer No. 8  
District File Number  
Filed 8-8-44

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 A. C. Hill  
Licensed Embalmer No. 3090  
P. O. Address Slater, 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.