

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41975

State File No. _____

Registration District No. 295

Primary Registration District No. 6013

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Saltspring Township
(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 1
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME John Hewitt

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 Married

6. (b) Name of husband or wife Dora Hewitt 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 9 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____

12. Name Don't know

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

14. Maiden name Elizabeth Hill

15. Birthplace Iceland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Hewitt

(b) Address Moberly, Missouri RR#2

17. (a) burial (b) Date thereof 12/12/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tommy B. Patton

(b) Address Huntersville Mo

19. (a) 12-31-44 (b) Mrs. P. D. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1944 hour 10:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1, 1944, to Dec 10, 1944, that I last saw him alive on Dec 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart Duration 2 Hours

Due to Pellagra 2 mo.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 69

Major findings: Of operations none

Of autopsy none

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

(c) 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 P. D. Dwyer (M. D. or other) MD

Address Huntersville Mo Date signed 1/2/45

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-16

Date Filed JAN 5 1945

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.....

Tom B. Patton

Licensed Embalmer No.....

3914

P. O. Address.....

Huntsville, Md

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.