

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Beaman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Heath's Creek Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime
years, months or days

3. (a) PRINT FULL NAME Joseph A. DeWitt

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Wilson DeWitt 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 15, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 0 If less than one day
hr. min.

9. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

12. Name Franklin DeWitt
13. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ann Potter
15. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elmer DeWitt (son)

(b) Address Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/45
(Month) (Day) (Year)

(c) Place of burial or cremation Potter Cemetery
(north of Lamine Church Cooper County)

18. (a) Signature of funeral director Wm. B. Berger

(b) Address Secalia, Mo.

19. (a) 3-16-45 (Date received local registrar) (b) Wm. B. Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Beaman (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Heath's Creek Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1943 to Feb 1945
that I last saw him alive on Feb 14 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to _____
Due to _____

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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature Wm. B. Berger (M. D. or other)
Address Secalia, Mo. Date signed 3/17/45

RECEIVED

District Health Officer No. 8,

District File Number 4/7/65

Date Filed _____

Dr. Fogle

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

Diane Ewing

Licensed Embalmer No. 384

P. O. Address

Sedalia 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.