

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 238

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6212

State File No. 14812

Registrar's No. 10

1. PLACE OF DEATH:

(a) County. Vernon
(b) City or town. Rural Bacon Township
(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. about 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Harry Melvin DeWitt

3. (b) If veteran, name war. none 3. (c) Social Security No. 495-01-0691

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Willa Short DeWitt 6. (c) Age of husband or wife if alive. 63 years
7. Birth date of deceased. July 20 1883 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation. carpenter

11. Industry or business.

12. Name. William J DeWitt
13. Birthplace. Ill. (City, town, or county) (State or foreign country)
14. Maiden name. Marietta Marie
15. Birthplace. Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant. Wm J DeWitt
(b) Address. Schell City, Mo. RFD # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. April 27 1945 (Month) (Day) (Year)
(c) Place: burial or cremation. Mt. Pleasant Cemetery

18. (a) Signature of funeral director. Lute Lewis & Son
(b) Address. Schell City, Mo.
19. (a) 4-27-45 (Date received local registrar) (b) Wm J DeWitt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Vernon
(c) City or town. Rural Bacon Township (If outside city or town limits, write "RURAL")
(d) Street No. 710 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1945 hour Eight minute 0 A. M.

21. I hereby certify that I attended the deceased from March 26 1945 to April 24 1945; that I last saw him alive on April 24 1945; and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis Duration 2 yrs.

Due to. Due to.

Other conditions. Prostatic Hypertrophy ? (Include pregnancy within 3 months of death)

Major findings: Of operations. ph Of autopsy. ph 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. J. B. Stokes (M. D. or other) Address. Harwood, Missouri Date signed 5/1/45

RECEIVED

District Health Officer No. 7,

District File Number 4-45-420

Date Filed 5-10-45

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.....

Marion M. Lewis

Licensed Embalmer No.....

3084

P. O. Address.....

Schell City, 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.