S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16292

State File No.

Registration District No. 38 Primary Registration District No. 3008 Registrar's No. 128

10
2
4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia (If outside city or town limits, write "RURAL") 2

(d) Street No. 801 Elm St (If rural, give location) 4

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Byron C Hewitt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Marguarette Hewitt

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 28 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
59	x	14	hr. min.

9. Birthplace Shelby Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation County Engineer

11. Industry or business Boone Co

FATHER
12. Name Samuel Hewitt
13. Birthplace (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name Nannie Lear
15. Birthplace (City, town, or county) Va 1 (State or foreign country)

16. (a) Informant Mrs Byron Hewitt

(b) Address 801 Elm St Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Midway Cem

18. (a) Signature of funeral director R Quillett

(b) Address Columbia Mo.

19. (a) 5-14-1945 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1945 hour 2:08 minute A. M.

21. I hereby certify that I attended the deceased ~~from~~ on May 11 1945 to —, 19—; that I last saw him alive on May 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Apoplexy — Duration 3 hrs.

Due to —

Due to —

Other conditions none (Include pregnancy within 3 months of death) 830

Major findings: Of operations none

Of autopsy none

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) No

(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? No (e) Means of injury

23. Signature W. D. Dyer (M. D. or other) M D

Address Columbia Mo Date signed 5-15-45

1250

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 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 [signature]

Licensed Embalmer No. 3163

P. O. Address Columbia 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.