V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17777

Registration District No. 274   Primary Registration District No. 5928   Registrar's No. 113

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: Heaths Creek Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Beaman (If outside city or town limits, write "RURAL")
(d) Street No. Heaths Creek Township (If rural, give location)
No.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Margaret J. Dewitt
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph A. Dewitt
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 17, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	13	hr. min.

9. Birthplace Pettis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Wilson
13. Birthplace Greenfield, Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Beebie
15. Birthplace Greenfield, Iowa (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 5/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Potter Family Cemetery north of Lamine Church
18. (a) Signature of funeral director [signature] Ewing
(b) Address Sedalia, Mo.
19. (a) 5/2/45 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 29, year 1945 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944, to April 29, 1945,
that I last saw her alive on April 29 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage Jan 10 1944 involving left side	1/10 44
Due to Feb 4-1945 cerebral hemorrhage involving left side —	2/4 45
Due to Arterial diseases	OK

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 Ralph Pope (M. D. or other) M.D.
Address Otterville Mo   Date signed 5/2/45

(Licensed Embalmer's Statement on Reverse Side)

1022

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6/16/65

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 Duane Ewing

Licensed Embalmer No. 3847

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.