S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32709

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4167

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1709 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1709 Prospect 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME David Lee Hitt

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased March 1 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
6	7	7	..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation School boy

11. Industry or business .....

FATHER
12. Name Shirley Hitt
13. Birthplace ..... (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Mae Louise Hoffman
15. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country) 6

16. (a) Informant Mrs Mae Louisd Hitt

(b) Address 1709 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem Indp. Mo.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 10-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1945 hour 5 minute 45A. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstructive Laryngitis	
Due to ~~[illegible]~~	
Due to hemolytic streptococcus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 115 b	
Of autopsy yes as above	

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) [illegible]

(b) Date of occurrence 8-4-45

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Columbia (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature James C Walker (M. D. ~~or other~~ Coroner)

Address 1424 [illegible] Date signed 10-9-45

(Licensed Embalmer's Statement on Reverse Side)

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.....Joe B. Yoder

Licensed Embalmer No.....4173

P. O. Address.....918 Brooklyn

KC 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.