S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40440

FILED JAN 11 1946

Registration District No. Primary Registration District No. 5083.4081 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian Mound Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrian Mound Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clinton William Dewitt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife
Salia May Dewitt

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 18 (Day) 1875 (Year)

8. AGE: Years 70 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Deposit, (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Marcus DeWitt
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret no record
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Salia May DeWitt
(b) Address Adrian, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1/46 (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Missouri

19. (a) 1-4-1946 (Date received local registrar) (b) Myra A. Owens (Registrar's signature)

1646

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1945 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-26, 1945 to Dec. 10, 1945
that I last saw h[illegible] alive on Dec. 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arrhythmia, Final	
Due to Carcinoma of	
Due to Colon	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1	
Of autopsy No	

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 Orville N. Luke (M. D. or other)

Address Butler, Mo. Date signed 12/31/45

RECEIVED

Year No. 7;

12-45-1319

Date Filed 1-10-46

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 W W Biddlecome

Licensed Embalmer No. 2174

P. O. Address Butler 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.