

FILED JAN 11 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42689

Do not use this space.

1. PLACE OF DEATH

(a) County Deppar
(b) Township Sherrill
(c) City 1

Registration District No. 353
Primary Registration District No. 6196

Registered No. 25

(d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PARALEE DE WITT

(a) Residence, No. County St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John De Witt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1860
7. AGE YEARS 85 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. maid
10. Date deceased last worked at this occupation (month and year) Jan. 1, 1940 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Eily Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Wiley Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Chas. Gale

18. BURIAL, CREMATION, OR REMOVAL PLACE Hastings DATE Dec. 24, 1945

19. FUNERAL DIRECTOR (ADDRESS) Wm. Neighbors

20. FILED Dec. 22, 1945 Mrs. Elnora Hesse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1945

22. HEREBY CERTIFY, That I attended deceased from Oct. 10, 1945 to Dec. 21, 1945

I last saw her alive on Dec. 21, 1945. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Failure of cardiac respiration
Date of onset 12/18/45
1940

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1945

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) J. L. Reed M. D.

(Address) Hastings, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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50M-7-20-37

RECEIVED

District No. 5

District No. 14694

Date Filed 11.9.46

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)