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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4521

Registration District No. 13 Primary Registration District No. 5062 Registrar's No. 1

3545

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

1. PLACE OF DEATH:

(a) County Barry Co

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

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

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

In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 5

(c) City or town Purdy (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country

3. (a) PRINT FULL NAME Henry Witt

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W.

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

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

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

7. Birth date of deceased Dec. 9 (Month) 1872 (Day) (Year)

8. AGE: Years 73 Months Days 24 If less than one day hr. min.

9. Birthplace Illinois - Cook Co (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Joe J. Witt

(b) Address Pierce City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 5 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation St Peter & Paul's Cemetery

18. (a) Signature of funeral director Niemeyers

(b) Address Pierce City Mo

19. (a) 1-9-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Dec. 26, 1945, to Jan. 1, 1946; that I last saw him alive on Jan. 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3days

Due to High Blood Pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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 E. B. Wright (M. D. or other)

Address Pierce City, Mo. Date signed Jan. 3

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-169
Date Filed FEB 26 1946

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 Mr ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. O. Nunnyan

Licensed Embalmer No. 3022

P. O. Address Pine City 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.