

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44451**
Registrar's No. **13**

FILED JAN 14 1947

Registration District No. **242** Primary Registration District No. **4362**

1. PLACE OF DEATH:

(a) County **NEW MADRID**
(b) City or town **MOREHOUSE MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 mos.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Juoth K. Dewitt**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **10** years (Month) (Day) (Year) **1946**

8. AGE: Years Months Days If less than one day
4 **29** hr. min.

9. Birthplace **MOREHOUSE MO.** (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name **Hollis Emery Dewitt**
13. Birthplace **MATTHEWS MO.** (City, town, or county) (State or foreign country)
14. Maiden name **ERIE RATHISS**
15. Birthplace **MATTHEWS MO.** (City, town, or county) (State or foreign country)

16. (a) Informant **Hollis Dewitt**
(b) Address **MOREHOUSE MO.**

17. (a) **BURIAL** (b) Date thereof **12 30 46** (Month) (Day) (Year)
(c) Place of burial or cremation **MATTHEWS MO.**

18. (a) Signature of funeral director **John A. Br. Hon**
(b) Address **D. Keston, MO.**

19. (a) **1-8-47** (b) **Thomas M. Shuter Jr.** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **NEW MADRID**
(c) City or town **MOREHOUSE MO.** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **29**
year **1946** hour **11** minute **15** A.M.

21. I hereby certify that I attended the deceased from **12-28** 19**46** to **12-29** 19**46**
that I last saw **alive** on **12-29** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **1 week**

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations **108**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. J. Larns M.D.** (M.D. or other)
Address **Morehouse, MO.** Date signed **1-2-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

220

RECEIVED
District Health Office No. 2,
District File Number 147-48
Date Filed 1-10-48

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed John Chilton.....

Licensed Embalmer No. 2941

P. O. Address Septon

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.