

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4247

FILED MAR 6 1947

State File No.

Registrar's No.

Registration District No. 37

Primary Registration District No. 5188

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME R. JOHN HITT

3. (b) If veteran, name war none

3. (c) Social Security No. 498-01-4684

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Ella Hitt 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 17, 1882
(Month) (Day) (Year)

8. AGE: Years 24 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Near Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Jefferson Hitt

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Nelson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Hitt

(b) Address Advances, Mo.

17. (a) Burial (b) Date thereof Jan. 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worship Memorial Chapel S. Wash. Advances, Mo.

18. (a) Signature of funeral director W. G. Lupton

(b) Address Advances, Mo.

19. (a) 3-3-47 (b) W. G. Lupton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Cape Girardeau

(a) State Missouri (b) County Washington

(c) City or town rural Liberty, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Near Advances, Mo.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1938, to Jan 22, 1947
that I last saw him live on 1-21-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Sugar Diabetes and Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Duration _____

Major findings: Of operations 61

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 2

23. Signature E. C. Masters (M. D. or other) No.

Address Advances, Mo. Date signed 2-15-47

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

16
00

43

RECEIVED

District Health Officer No. 4

District File Number 347-322

Date Filed 3-5-47

NOV 23 1955

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.....

Leah S Morgan

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leah S Morgan

Licensed Embalmer No. 3361

P. O. Address Adrian U Ma

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.