

Registration District No. 528

Primary Registration District No. 5189

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Rural Welch Twp  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community N years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape Girardeau  
 (b) City or town Rural Welch Twp  
 (If outside city or town limits, write "RURAL")  
 (c) Street No. Arline  
 (If rural, give location)  
 (d) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY SEVENA HITT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. A. Hitt 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased March 2, 1923  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>9</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jim Kidd

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

14. Maiden name Margaret M. Harland

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

16. (a) Informant R. A. Hitt  
(b) Address Adairsee, Mo.

17. (a) Burial (b) Date thereof Mar 9, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial

18. (a) Signature of funeral director Alfred S. Morgan

(b) Address Adairsee, Mo.

19. (a) 3-14-47 (b) D. S. Lubin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1947 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 2, 1947  
to March 8, 1947  
that I last saw her alive on March 4, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to myocarditis

Due to influenza

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

Duration  
5 wks

Major findings: 936  
Of operations \_\_\_\_\_  
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 1

23. Signature W. W. Davault (M. D. or other) md  
Address Adairsee Mo Date signed March 10, 1947

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

RECEIVED

Health Officer No. 4  
District File Number 347-380  
Date Filed 3-20-47

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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. E. Meadows....., Registered Apprentice No. 427  
working under my personal supervision.

Signed Clayton S. Morgan  
Licensed Embalmer No. 3361  
P. O. Address Advance, 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.**