

S. No. 2  
M-5-43  
5-17-39  
I, X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13754  
Registrar's No. 130

FILED MAY 14 1947  
Registration District No. 176

Primary Registration District No. 3026

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Indep. Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
In this community 1 Year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt #2 Box 803  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna W. Hewitt  
3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27  
year 1947 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from October 1 1946, to April 27 1947;  
that I last saw her alive on April 27 1947;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John E. Hewitt  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased December 17, 1892  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 4 days

8. AGE: Years 53 Months 4 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to malignant Hypertension year \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Wayne, Nebr.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Henry Schleu

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

14. Maiden name Gertrude Allen

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

16. (a) Informant John E. Hewitt

(b) Address Box 803 Rt. # 2 Indep. Mo.

17. (a) Removal (b) Date thereof 4-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

18. (d) Signature of funeral director Dillon L. Lepp  
Independence, Missouri

(b) Address \_\_\_\_\_

19. (a) 4-28-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature W. H. Wilkinson (M. D. or other) MD  
Address 401 1st Natl Bank Bldg Date signed 4/28/47  
Independence, Mo.

MS APR 18 1960 MS APR 11 1960

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.....

*R. R. Griffith*

Registered Apprentice No. *451*

working under my personal supervision.

Signed *Dixon L. Kopley*

Licensed Embalmer No. *4225*

P. O. Address *Independence, 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.