

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Haver 23153
State File No. 23153
Registrar's No.

Registration District No. 333

Primary Registration District No. 4520

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Summersville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
in this community 13 Years
years, months or days)

3. (a) PRINT FULL NAME Vicie L DeWitt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife G.J. DEWitt 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 12th 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 24 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dan Collins
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Belle Johnson
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant G.J. DeWitt
(b) Address Summersville, Mo

17. (a) Burial (b) Date thereof April 27, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director John D. Humean
(b) Address Mountain View, Mo

19. 4-30-1947 (b) Mrs C.E. murfin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Summersville, 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 April day 24th
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1947 to APRIL 24 1947
that I last saw her alive on APRIL 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Dysphagia
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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
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) Means of injury

23. Signature Laverne Dampff (M. D. or other)
Address Summersville Date signed 4/28

RECEIVED

District Health Officer No. 5,

District File Number 647311

Date Filed 6-17-47

JUN 19 1947

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 _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.