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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34155

FILED OCT 21 1947

Registration District No. 714

Primary Registration District No. 4186

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hrs.
(Specify whether
In this community Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36
(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL")
(d) Street No. 635 Lakeview 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Samuel Stephens Witt

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 0 min.

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

10. Usual occupation Infant

11. Industry or business XX

12. Name Samuel Melvin Witt

13. Birthplace Washington County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Fern Marie Bandy

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

16. (a) Informant Samuel M. Witt

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof Oct. 12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director. W. H. ...

(b) Address Sullivan, Mo.

19. (a) 10-12-47 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1947 hour 9 minute 00A.M.

21. I hereby certify that I attended the deceased from Oct 12
1947, to Oct 12, 1947
that I last saw him alive on Oct 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5 mos -

Due to _____
Due to _____

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

Major findings: 159
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 0

23. Signature John ... (M. D. or other) M.D.
Address Sullivan, Mo. Date signed 10/12/47

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

Date Filed 10-28-47

District File Number

District Health Officer No. 9,

RECEIVED

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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *Sullivan, 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.