

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42028**
Registrar's No. **377**

FILED DEC 31 1947

Registration District No. **186**

Primary Registration District No. **5-5-68**

1. PLACE OF DEATH:

(a) County **2 Jackson**
(b) City or town **RURAL Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1911 Drum 3**
(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 **32 years**
years, months or days

3. (a) PRINT FULL NAME **Mrs. Anna V. DeWitt**

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

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Robert E. DeWitt**
6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **August 4 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **9**
If less than one day **hr.** **min.**

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

10. Usual occupation **at home**

11. Industry or business **x**

12. Name **George Mill**

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

14. Maiden name **Virginia**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Zelma McKendrey**

(b) Address **3913 Chestnut, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **12-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **12-15-47** (b) **James D. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3913 Chestnut 8**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**
year **1947** hour **8:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **owner** 19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Due to **arteriosclerosis**

Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **a7**

Of autopsy **no**
History & Physical

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 **3**

23. Signature **James D. Smith** (M. D. or other)

Address **1424 1/2 1st St. W. Mo.** Date signed **12-13-47**

Jones C. Cravitt Van Hornes Rd
1021 W

City Hall.

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. 41179

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.