S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5794

Registration District No. 282 — Primary Registration District No. 3055 — Registrar's No. 14

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Bolivar (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Grant DeWitt
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Mary Alma DeWitt
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct. (Month) 12 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	29	hr. min.

9. Birthplace Jasper County (City, town, or county) ~~Missouri~~ Iowa (State or foreign country) 1
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name Willard DeWitt 9
13. Birthplace (City, town, or county) unk. (State or foreign country) 1
MOTHER
14. Maiden name Delphia Montgomery
15. Birthplace (City, town, or county) unk (State or foreign country) 9
16. (a) Informant Mrs Mary Alma DeWitt
(b) Address Bolivar, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Garden Grove, Calif.
18. (a) Signature of funeral director Turpin Funeral Home
(b) Address Bolivar, Mo.
19. (a) Feb 13, 1948 (Date received local registrar) (b) Ralph Garden (Registrar's signature) Guy Jewell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1948 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from about 4 yrs, 19 to Feb. 10, 1948; that I last saw him alive on Feb. 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. H. Bridges (M. D. or other)
Address Bolivar Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-29
Date Filed 2-17-48

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 Charles F. Fox, Registered Apprentice No. 22, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.