S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11639

Registration District No. 42 Primary Registration District No. 5129 Registrar's No. 446

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Platte Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gower
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: Rural Platte Twshp.
(If outside city or town limits, write "RURAL")
(d) Street No.: Gower
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Archie C. Witt
3. (b) If veteran, name war: ✓✓
3. (c) Social Security No.: ✓✓
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 (Month) 17 (Day) 1877 (Year)

8. AGE: Years ✓ 70 Months 5 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Buchanan Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: ____
FATHER
12. Name: Alexander Jackson Witt
13. Birthplace: Buchanan Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Elizabeth Cummins
15. Birthplace: Buchanan Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Arthur Witt
(b) Address: Gower Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Allen Cem.
18. (a) Signature of funeral director: W. A. Sullivan
(b) Address: Gower Mo
19. (a) 4-20-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from several years, 19____, to 4-16, 1948; that I last saw him alive on 4-13-, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to: General arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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: ____

23. Signature: J. C. Brandon (M. D.)
Address: Gower Mo Date signed: 4/16/48

(Licensed Embalmer's Statement on Reverse Side)

22 1948

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 H. A. Sullivan

Licensed Embalmer No. 1338

P. O. Address Grover 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.