

FILED JUL 30 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25188

State File No.

Registration District No. 381

Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Reger
 (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 70 yrs (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Clarence J. Dewitt

3. (b) If veteran, 110 name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Alma
 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased 12 25 1877
 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 19
 If less than one day hr. _____ min. _____

9. Birthplace Reger 1112 6
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name W. H. W. Dewitt
 13. Birthplace Reger 1112
 (City, town, or county) (State or foreign country)
 14. Maiden name Lura Reger
 15. Birthplace Reger 1112
 (City, town, or county) (State or foreign country)

16. (a) Informant John Dewitt
 (b) Address Reger 1112

17. (a) burial (b) Date thereof 6-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Cem. - Reger(a) Signature of funeral director Schoenher(b) Address 1112

19. (a) July 20 - 1948 (b) Mrs. H. B. Harris
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105
 (c) City or town Reger 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? 111 (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
 year 48 hour 7 minute 10 M.

21. I hereby certify that I attended the deceased from _____
 _____, 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 _____

Cardiac failure
Coronary occlusion

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy 940

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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? 31

While at work? _____ (Specify type of place)
 _____ (e) Means of injury _____

23. Signature G. Dale (M. D. or other) D.O.Address Newtown 7 Mo Date signed 6/16/48

FEB 6 1951

RECEIVED

District Health Officer No. 1

District File Number 7-48-13

Date Filed JUL 28 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..... *Dwight Schauer*

Licensed Embalmer No. 2667

P. O. Address..... *Milwaukee, Wis.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.