

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30325**

FILED SEP 27 1948

Registration District No. **117**

Primary Registration District No. **3040**

Registrar's No. **117**

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Webster
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Jewell Hitt

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

4. Sex Female 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 August 16 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 12 If less than one day
hr. _____ min.

9. Birthplace Chillicothe, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jesse Edwin Hitt

13. Birthplace Huntington, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Cora Moore

15. Birthplace Mooresville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles T. McHugh

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 8/30/48 (b) Francis B Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1948 hour 3 minute 00 p.m.

21. I hereby certify that I attended the deceased from 2:00 to 6:00
1948 to Aug 27 1948
that I last saw her alive on Aug 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Multifocal Cyst Adenoma of Ovary
Duration _____

Due to _____
Due to _____

Other conditions: 560
(Include pregnancy within 3 months of death)

Major findings: Multifocal Cyst Adenoma of Ovary
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 D

23. Signature Joseph F. Hale (M. D.)
Address Chillicothe MO Date signed 8/30/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eltou J. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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.