

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Myers 35567
State File No. 80
Registrar's No. 80

Registration District No. 321

Primary Registration District No. 40421

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town LUTESVILLE Lorraine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mousers Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH DEWITT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 6 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co. TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation Huf.

11. Industry or business _____

12. Name Issac Barber 1

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

14. Maiden name Martha Blue

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

16. (a) Informant R. L. Dewitt

(b) Address Marble Hill Mo.

17. (a) Burial (b) Date thereof Nov. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scopus, Mo.

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

(b) Address Lutesville, Mo.

19. (a) Nov. 17, 1948 (b) Willie Sandenburgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BOLLINGER 9
(c) City or town LUTESVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1948 hour 7:00 minute p.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. e. t. alive on 11/6/48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to _____

Due to _____

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

Major findings: 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? _____

(Specify type of place) _____ (e) Means of injury 2

23. Signature John J. Myers (M. D. or other) DO.

Address Carroll Co. Mo. Date signed 11/17/48

RECEIVED

Health Officer No. 4
District File Number 1148-1460
Date Filed 11-23-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.