

STANDARD CERTIFICATE OF DEATH

State File No. **36078**

FILED DEC 8 1948

Registration District No. **107**

Primary Registration District No. **5422**

Registrar's No. **154**

1. PLACE OF DEATH:

(a) County **Dunklin**  
 (b) City or town **Kennett Rural Ind.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **None**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 in this community **19 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Dunklin**  
 (c) City or town **Kennett**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural # 2**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Dora Belle Dewitt**  
 3. (b) If veteran, name war: **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **William M. Dewitt** 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **Dec 24 - 1892**  
 (Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cape Girardeau, Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Martin McAntile**

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

14. Maiden name **Mary Conklin**

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

16. (a) Informant **William M. Dewitt**  
 (b) Address **Kennett Rural # 2**

17. (a) **Burial** (b) Date thereof **11-26-1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Earl J. Simons**  
 (b) Address **Kennett, Mo.**

19. (a) **11-29-1948** (b) **Earl J. Simons**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **25**  
 year **1948** hour **7:00** minute **30 A. M.**  
 21. I hereby certify that I attended the deceased from **January 20<sup>th</sup>**  
**1945**, to **November 25<sup>th</sup>** **1948**  
 that I last saw her alive on **November 25<sup>th</sup>** **1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
 Duration **24 hrs.**

Due to **Chronic Bronchitis and Chronic inflammatory rheumatism**

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **936**

PHYSICIAN

Underline the cause of 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 \_\_\_\_\_

23. Signature **Wm. H. Christian** (M. D. or other) **D.O.**  
 Address **Shelton, Mo.** Date signed **11-29-48**

MOTHER FATHER

35  
200

RECEIVED

District Health Office No. 2,

District File Number 1248-1613

Date Filed 12-6-48

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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

Edgar Reed Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.