

Registration District No. 643

Primary Registration District No. 5560

Registrar's No. 81

1. PLACE OF DEATH:

(a) County HOWELL  
(b) City or town RURAL - Willow Springs Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 13 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howells  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Willow Springs Twp  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ANN WITT

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 W

6. (b) Name of husband or wife ROBERT WITT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 7, 1849  
(Month) (Day) (Year)

8. AGE: Years 99 Months 0 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NEW ORLEANS LA.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

MOTHER FATHER { 12. Name LANGFORD KIRBY  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name DON'T KNOW  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant PAUL WITT

(b) Address WILLOW SPRINGS, MO.

17. (a) REMOVAL (b) Date thereof 12-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DECATUR, ILL.

18. (a) Signature of funeral director JCB urno

(b) Address Willow Springs, Mo.

19. (a) 12/4/48 (b) Marshall Ballard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th.  
year 1948. hour 8 minute A. 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 atrophic thrombosis Duration \_\_\_\_\_

Due to Senility

Due to 466

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

Major findings: Of operations \_\_\_\_\_ Of autopsy 99

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) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

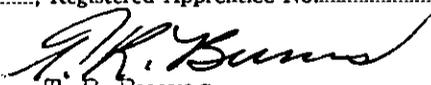
23. Signature Mayme C. Thornburgh Coroner (M. D. or other)  
Address West Plains, Mo. Date signed 12/4/48

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

RECEIVED 1-7-49  
DISTRICT HEALTH OFFICER No. 2,  
District No. 1493.  
Date Filed 1-12-49

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.....  
Fred W. Barnes, ....., Registered Apprentice No. 244  
working under my personal supervision.

Signed.....  
  
T.R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.