

FILED MAR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4220**

BIRTH NO. **49-006413** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **49**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>15 minutes</b>		d. STREET ADDRESS (If rural, give location) <b>27 So. Frederick Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp. Cape Gir. Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b> b. (Middle) <b>James</b> c. (Last) <b>Hitt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 11, 1949</b>
9. AGE (In years last birthday) <b>0</b>		10. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles James Hitt</b>		13b. MOTHER'S MAIDEN NAME <b>Hazel Rogers</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles J. Hitt</b>		ADDRESS <b>Cape Gir. Mo. 27 So. Frederick</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>HEART FAILURE UTERINE DYSTOICIA</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>9824</b>	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>2-11</b> , 19 <b>49</b> , to <b>2-11</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>2-11</b> , 19 <b>49</b> , and that death occurred at <b>10:30A</b> m., from the cause and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Name or title) _____		23b. ADDRESS <b>Cape Girardeau</b>	
23c. DATE SIGNED <b>2/21/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 12, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lorimier Cemetery</b>		24d. LOCATION (City, town, or county) <b>Cape Girardeau</b> (State) <b>Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 21-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Cape Gir. Mo.</b>	

RECEIVED

Officer No. 4  
No. 249-28  
2-28-49

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 \_\_\_\_\_

*Body was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.