

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10160  
Registrar's No. 3148

#96256 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

24

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First)  
b. (Middle)  
c. (Last)  
4. DATE OF DEATH (Month) (Day) (Year)

5. SEX  
6. COLOR OR RACE  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
8. DATE OF BIRTH  
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country)  
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME  
13b. MOTHER'S MAIDEN NAME  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO.  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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) (Min.)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/49, to 4/7/49, 19, that I last saw the deceased alive on 4/7/49, 19, and that death occurred at 5:27am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
23b. ADDRESS  
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)  
24b. DATE  
24c. NAME OF CEMETERY OR CREMATORY  
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 7 1949  
REGISTRAR'S SIGNATURE  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Witt Bros. L. & U. Co. 2929 S. Jefferson Ave

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 8744

P. O. Address 2929 Jefferson

**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.