

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Castor)</u>		c. LENGTH OF STAY (in this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Castor)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route, Dexter, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Herman Witt</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Witt</u>			4. DATE OF DEATH <u>June 28, 1949</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Feb. 24, 1872</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 24 HRS. <u>4</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hobo</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>F. B. I.</u> ADDRESS <u>Washington, D. C.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____				<u>42 22</u>	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____ m.		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gay W. Rainey</u> (Degree or title) <u>Coroner 3</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>7-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Farm</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 11-49</u>		REGISTRAR'S SIGNATURE <u>Rose Weber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS _____	

RECEIVED

District Health Office No. 2

District File Number 249-232

Date Filed JUL 16 1949

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.

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.

Body not embalmed