

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27835

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Specify whether _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi - South East
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MARTHA
3. (a) PRINT FULL NAME LOU EASTWOOD DEWITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased 5 19 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Collet Camp mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name John W. Eastwood

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

14. Maiden name unknown

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

16. (a) Informant Ray B. Hunt

(b) Address Windsor mo.

17. (a) Burial (b) Date thereof 8-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton mo

19. (a) August 2 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1944 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 15
_____, 1944, to Aug 1, 1944
that I last saw h. alive on Aug 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
& myocardiitis

Duration

1 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) M.D.

Address Clinton mo Date signed 8-2-44

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

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Officer No. 7,

District File 8-44-1037

Date Filed 9-11-44

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 *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address Clinton 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.