

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36343
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township GALINA Primary Registration District No. 200 Registered No. _____
 (c) City Joplin (d) Street No. Freeman Hospital _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., of foreign birth? yrs. mos. ds.
 31.0
Lee Irvin Witter
 2. PRINT FULL NAME
 (a) Residence, No. RODINGS MILK St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Full Witter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 23
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Broker
 9. Industry or business in which work was done, as saw mill, bank, etc. millinery
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Moreland Kansas
 FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Milo Johnson
Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Ed & Joyce
10/19/39 DATE
 19. FUNERAL DIRECTOR (ADDRESS) Funeral Home Co
Joplin Mo.
 20. FILED 10618 1929 Ed & Joyce Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-39
 22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1939, to 10-17, 1939.
 I last saw him alive on 10-17, 1939. Death is said to have occurred on the date stated above, at 10:45 m.
 The principal cause of death and related causes of importance were as follows:
Uremia & Cardio-vascular-Renal Disease
 Date of onset _____
 Other contributory causes of importance: 121
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ed & Joyce, M. D.
 Address Joplin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 11039-2285

Date Filed NOV 9 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Perry K. Schubert

Licensed Embalmer No. 91-9

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.)