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

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42525

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 996

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2228 W. Taylor (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William C. De Witt
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella E. De Witt
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 18 (Day) 1865 (Year)

8. AGE: Years 75 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business & Blacksmith
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Lee Danforth
(b) Address 2228 Taylor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greene Lawn
18. (a) Signature of funeral director W. Klingner & Co
(b) Address Springfield Mo
19. (a) 12-12-40 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th year 1940 hour 5:45 minute p M.
21. I hereby certify that I attended the deceased from Dec. 7, 1940, to Dec. 11, 1940, that I last saw him alive on Dec. 11, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia (pneumococcus, type?)	2 wks.
Due to	
Due to	
Other conditions Acute urinary retention (Include pregnancy within 3 months of death)	5 days

107 W

Major findings:
Of operations none
Of autopsy none

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? 9 G 4 — (Specify type of place)
While at work? — (e) Means of injury
23. Signature Malcolm Klingner (M. D. [illegible]) 1
Address Springfield, Mo Date signed 12-12-40

(Licensed Embalmer's Statement on Reverse Side)

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 Roy Adams

Licensed Embalmer No. 1763

P. O. Address Springfield 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.