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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21248

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 462

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 216 N Hayden 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 216 N Hayden
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Thomas Witt

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marie Witt

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept (Month) 15 (Day) 1895 (Year)

8. AGE: Years 46 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name John Witt
13. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Hettie Brines
15. Birthplace unknown (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Marie Witt
(b) Address 216 S Hayden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 42 (Month) (Day) (Year)
(c) Place: burial or cremation Prospect Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield Mo

19. (a) 6/23/42 (Date received local registrar) (b) Dr W B Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 th year 1942 hour 10.30 minute pm M.

21. I hereby certify that I ~~attended the deceased from~~ , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred ~~on the date and hour stated~~ above.

Immediate cause of death Coronary heart disease unattended by physician

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

940

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

23. Signature Dr W B Handley (M. D. or other)
Address Springfield Mo Date signed 6/22 1942

704 (Licensed Embalmer's Statement on Reverse Side) Local Registrar

APR 5 1951

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. Lawrence L Hull

Licensed Embalmer No. 2784

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.