

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4159**

FILED NOV 19 1942
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

In this community **10 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**

(c) City or town **Elmora**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Verna M. Witt**

3. (b) If veteran, name war **1918**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **Velma Witt** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Sept 6 1894**
(Month) (Day) (Year)

8. AGE: Years **48** Months **2** Days **2** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jeff Witt**

13. Birthplace **Kans. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **May E. Hyder**

15. Birthplace **mo 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. C. Witt**
(b) Address **J. Ransom mo**

17. (a) **Removal** (b) Date thereof **Nov-8-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmora mo**

18. (a) Signature of funeral director **W. C. Foster**
(b) Address **718 Brooklyn**

19. (a) **11-8-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8** year **1942** hour **12/45** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 8 1942** to **Nov 8 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Infarct of Myocardium**
Suppurative pneumonia
Myocardial insuff.

Due to **Inoperable Carcinoma**
Ascending Colon

Other conditions (Include pregnancy within 3 months of death) **46E**

Major findings: **Carcinoma**
Ascending Colon

Of operations _____

Of autopsy **no**

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 **J. M. Montgomery**
Address **Prof. S. B. Bly**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

*J. H. Wainwright
Dec. 7 1947, Baltimore Md*

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.....

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.