

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16926**
Registrar's No. **2079**

FILED MAY 20 1946
1949

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.C.**
(c) Name of hospital or institution:
Under Bridge Mulberry St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Years**
In this community **10 Years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Claude Witt**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male**
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lonnie Witt**
6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **November 18, 1895**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **25** hr. **18** min.

9. Birthplace **Dallas Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Common Labor**

11. Industry or business

MOTHER FATHER
12. Name **George Witt**
13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)
14. Maiden name **Effie Rowns**
15. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lonnie Witt (Wife)**
(b) Address **2017 Water St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/10/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Burial Westlawn K.C., 2nd & Beardley - Rd.**

18. (a) Signature of funeral director **Alice Bailey**
(b) Address **2065 North 5th St.**

19. (a) **5-7-46** (Date received local registrar) (b) **Heraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2017 North Water St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **6** day
year **1946** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner**
to **Deputy Coroner**, 19...
that I last saw him/her alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Burned to death Entire Body**
Due to **Auto - Accident**

Due to **Gasoline**
Truck turned over & completely destroyed by fire

Other conditions (Include pregnancy within 3 months of death) **(non collision)**

Major findings: **1700-8**
Of operations **38**
Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident - 123**

(b) Date of occurrence **5/6/46**

(c) Where did injury occur? **K.C. Jackson - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **yes** (Specify type of place) **Deputy 3**
(e) Means of injury **Deputy 3**

23. Signature **H. Williams** (M. D. or other) **Deputy 3**
Address **2026 - Brookly** Date signed **5-7-46**

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 *W. M. M. Overton*

Licensed Embalmer No. *2007*

P. O. Address *K. C. Kansas*

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.