

S. No. 30
OM-10-47
rev. 5-17-39
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19319

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 10 1948

Registration District No. 140

Primary Registration District No. 5549

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1948 hour 1:00 minute A.
21. I hereby certify that I attended the deceased from June 19
1948 to June 21 1948
that I last saw her alive on June 19 1948
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Maggie Witt Elgin
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pete Elgin
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased January 25, 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 26
If less than one day hr. - min.

9. Birthplace Howard Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
Industry or business _____
Name Jim Witt

11. Howard Co., Missouri
(City, town, or county) (State or foreign country)

14. Name Mary Miller
15. Birthplace Howard Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mansfield
(b) Address Fayette, R.R. #3 Missouri

17. (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Witt Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette Mo.

19. (a) 6-26-1948 (b) Donothy Ann Baker
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral spoplexy
Due to Hypertension, severe
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

2 days

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury 0

23. Signature Frank D. Shum (M. D. or other) M.D.
Address Lee Kemp - Fayette, Mo. Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PL E UNFADING BLACK INK—MAKE A PERMANENT RECORD

5000

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 7-9-48

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, by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ralph A Carr
Licensed Embalmer No. 3340

P. O. Address Jaylito 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.