

Coroner

BUREAU OF THE CENSUS
FILED JUL 30 1948

Registration District No. 381

Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Regev
(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
In this community 70 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Regev
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country?
If yes, name country.

3. (a) PRINT FULL NAME Clarence J. Dewitt

3. (b) If veteran, name war 110
3. (c) Social Security No.

4. Sex M Color or race W
5. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Altra
6. (c) Age of husband or wife if alive, dead years
7. Birth date of deceased 12-25-1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 19
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name W. H. W. DeWitt
13. Birthplace Regev, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lura Regev
15. Birthplace Regev, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John DeWitt
(b) Address Regev, Mo

17. (a) Burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Cem. Regev

18. (a) Signature of funeral director Schreiner

(b) Address Milan, Mo

19. (a) Date received local registrar July 20-1948 (b) Mrs. H. B. Harris
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 48 hour 7 minute 10 P. 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

Cardiac Failure
Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?

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

23. Signature G. Dale (M. D. or other) D.O.
Address Newtown, Mo Date signed 6/16/48

FEB 6 1951

RECEIVED

District Health Officer No. 1

District File Number 7-48-13

Date Filed JUL 28 1948

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..... *Dwight Schauer*

Licensed Embalmer No. 2667

P. O. Address..... Milam, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.