

JAN 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43210
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas 2 Registration District No. 241
(b) Township 8 Benton Primary Registration District No. 523 3V
(c) City Buffalo 1 (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Loss Virgil Wittaker
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-21-1912</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>11</u>
		DAYS
		<u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dodge City Kansas</u>	
	13. NAME <u>Robert Wittaker</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Arminia Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Aldene Wittaker 1216 - 8 - West Wichita Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sterling Kansas</u> DATE <u>Nov-29-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. B. Jones Buffalo Mo</u>		
20. FILED <u>12-27-39</u> <u>Harvey Moran</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 10:30 PM Nov 25, 1939, to 1:30 AM Nov 26, 1939
I last saw him alive on Nov 26, 1939. Death is said to have occurred on the date stated above, at 1:30 am.
The principal cause of death and related causes of importance were as follows:
Suicide by Bullet wound into head (Cranium & Cerebrum) thru temporal bone on left side.
Date of onset Nov 25, 39

Other contributory causes of importance:
Pulmonary Edema & Paralysis of Vital Nerves in Cerebrum.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide. Date of injury Nov 26 1939
Where did injury occur? Buffalo (Dallas Co.) Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury Self inflicted
Nature of injury Bullet Wound entering left Temp

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. J. Williams M.D.
(Address) Buffalo, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.