

JAN 15 1940

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44296

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 6683032 Registered No. 357
 (c) City Sedalia (d) Street No. 1408 So. Osage 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George Wittlinger

(a) Residence, No. 1408 So. Osage 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Sophia Wittlinger
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Baker
 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

12. BIRTHPLACE (CITY OR TOWN) Ashland
 (STATE OR COUNTRY) Ill.

FATHER 13. NAME Michael Wittlinger

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Straub

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Mrs. George Wittlinger
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Jan. 1, 1940

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 19-30-1939 Wm. Harry Sneed
 (Address) Sedalia, Mo.
 Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1939 to Dec 29 1939
 I last saw him alive on Dec 29, 1939 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

Scurrhosis of Liver
124 lb
 Other contributory causes of importance: Self
1939

Name of operation Physical Date of no
 What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Good Bookkeeping M. D.
 (Signed) no (Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/40

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.....

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address *Sidalia 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, above space should be left blank.