S. No. 2
—11-10-39
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5299

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 524

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Montrose (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 5.5 6 William Witmer

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Appolonia Witmer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October (Month) 16 (Day) 1873 (Year)

8. AGE: Years 66 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Montrose (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer 9

11. Industry or business Farmer 9

FATHER
12. Name Joseph Witmer
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Mary Lennartz
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Bernard L Willing
(b) Address 1300 E Dist Ave K.C. Mo

17. (a) Montrose, Mo. (Burial, cremation, or removal) (b) Date thereof Feb. 4 (Month) 1940 (Day) (Year)
(c) Place: burial or cremation Montrose, Mo.

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address Paseo + Brush Creek K.C. Mo.

19. (a) Feb. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 2 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 23, 1946, to Feb. 3, 1946; that I last saw him alive on Feb. 3 3 14 PM, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	12 hrs
Due to post operative - 3 days	
Due to 1/2 of U 2	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Hernia Incarcerated	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature John O. Skinner MD (M. D. or other)
Address 1402 Bryant Bldg Date signed 2/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Collmann

Licensed Embalmer No. 3506

P. O. Address K C 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.