

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **9951**
 Registrar's No. **1385**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Marvs Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 16 years
 years, months or days)

3. (a) PRINT FULL NAME Clem Wittman **355**

8. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Wittman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21, 1899
 (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Asst. Foreman Loading Dock

11. Industry or business Ford Motor Co.

12. Name Peter J. Wittman

18. Birthplace Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Kuhn

15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Wittman

(b) Address 1205 E 10th Terrace, K.C. Mo.

17. (a) Burial (b) Date thereof Apr. 1, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Cem.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Inden Blvd, K.C. Mo.

19. (a) Mch 28, 1940 M. M. Browne
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
 (If outside city or town limits write "RURAL")
 (d) Street No. 1205 East 10th Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28th
 year 1940 hour 8 minute A

21. I hereby certify that I attended the deceased from Mch 25th
1940 to Mch 22nd 1940
 that I last saw him alive on Mch 27th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Solar Pneumonia

Due to Possible exposure **100**

Due to _____
 Other conditions Chronic Arteriosclerotic **8-25-40**
 (Include pregnancy within 3 months of death) **3-28-40**

Major findings: none
 Of operations _____
 Of autopsy: yes

Duration **5-15-40**
10
3-28-40
 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?
none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature H. J. Covinsky (M. D. or other) _____
 Address 205 Elmwood Date signed **3-28-40**

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

MOTHER FATHER

Dr. Cordy,
501 Elmwood

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

W. H. Blodgett

Licensed Embalmer No. 2244

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.