

MAY 10 1940

Registration District No. 124

Primary Registration District No. 3009

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

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.

**1. PLACE OF DEATH:**  
(a) County Cape Girardeau,  
(b) City or town " "  
(c) Name of hospital or institution: St. Francis hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 2 21  
3. (a) PRINT FULL NAME Charles C. Wittaker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alice M. Fullbright 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 19, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 11 hr. min.

9. Birthplace Pocahontas Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Veterinarian

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name William Wittaker  
13. Birthplace Nichols Landing Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Sadder  
15. Birthplace Oak Ridge Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Alice Wittaker  
(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Mar 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mapyan Cem.

18. (a) Signature of funeral director P. H. Hagan  
(b) Address Cape Girardeau, Mo.

19. (a) 4-2140 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Stoddard  
(c) City or town Advance, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 Advance, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month March day 30th  
year 1940 hour 10 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 3/25, 1940, to 3/30, 1940  
that I last saw him alive on 3/30 and that death occurred on the date and hour stated above.

Immediate cause of death Choleperystitis  
Cholelithiasis  
Due to \_\_\_\_\_

Due to Operation  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 176  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature A. G. Greeth (Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
Address Cape Girardeau Date signed 3-30-40

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**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..... *Howard L. Hannan* .....

Licensed Embalmer No. *4122* .....

P. O. Address *Cape Girardeau* .....

**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.**