

FILED MAY 15 1940

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

15558

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 919
 (b) Township Paupers Primary Registration District No. 5793a Registered No. 15
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

Sophie Wittrock
 (a) Residence, No. Morgan Co. rural 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Wittrock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 - 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 6 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 6
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bebra Mo.
 FATHER 13. NAME Henry Constant
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Margarette Furber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) E. G. Baack
 18. BURIAL, CREMATION, OR DEPOSIT PLACE Springfield Cem. DATE May 8 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ralph Livingston
Stover, Mo.
 20. FILED May 10 1940 John R. Springer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1939 to May 4 1940, 1940
 I last saw her alive on May 4 1940 Death is said to have occurred on the date stated above, at 1:35 P.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of Spleen Date of onset 1937
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Chas. F. Fiest M. D.
 (Address) Stover Mo.

RECEIVED

District Health Officer No. 7,

District File Number. 5-40-837

Date Filed 5-13-48

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 *Jewell Stevenson*

Licensed Embalmer No. 4073

P. O. Address *Stover, 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.