

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37670**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4268**

DEC 11 1940
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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: **340 BENTON BLVD.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether
In this community **55 Yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **340 BENTON BLVD.** (If rural, give location)
(e) If foreign born, how long in U. S. A. **55** years.

3. (a) PRINT FULL NAME **William P. Witschner**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ANNA DOYA** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Oct 15, 1874** (Month) (Day) (Year)

8. AGE: Years **66** Months **0** Days **23** If less than one day hr. min.

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

10. Usual occupation **Produce Dealer** 11. Industry or business **Self**

12. Name **Jacob Witschner**

13. Birthplace **Austria** (City, town, or county) (State or foreign country)

14. Maiden name **Rose Sabel**

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

16. (a) Informant **H.L. FRIEDMAN** (b) Address **4028 Flora K.C., Mo.**

17. (a) **BURIAL** (b) Date thereof **NOV. 8, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **ELMWOOD CEM.**

18. (a) Signature of funeral director **J.P. LOUIS FUN. HOME** (b) Address **3400 Woodland Ave.**

19. (a) **NOV. 8, 1940** (Date received local registrar) (b) **M. M. Grove** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **NOV** year **1940** hour **4** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Sept. 26 - 1940** to **Nov. 7, 1940**
that I last saw him alive on **Nov. 7, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion and Thrombosis**
Due to **arterio-sclerosis with high bld-pressure**
Due to

Other conditions **Edema of lungs & chest** (Include pregnancy within 3 months of death)

Major findings: **94B**
Of operations **-**
Of autopsy **-**

Duration **2 yrs**
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? **-**
While at work? **-** (Specify type of place) (e) Means of injury **!**

23. Signature **E. A. Reibinger** (M. D. or other) Address **715 - Orange Blk.** Date signed

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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, fact should be so stated above.