

FILED JAN 13 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42392**  
Registrar's No. **89**

Registration District No. **276**

Primary Registration District No. **5389**

1. PLACE OF DEATH:

(a) County. Douglas  
(b) City or town. Cabool (Rural) wood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community 60 years (Specify whether)  
years, months or days 2

8. (a) PRINT FULL NAME Nancy E. Bittick

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. Old Age As

4. Sex F-Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Taylor Bittick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. March 16 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. Housewife

11. Industry or business. \_\_\_\_\_

12. Name. Unknown Sims

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

14. Maiden name. Polly

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

16. (a) Informant Sim Bittick

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof Dec. 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bittick Cemetery

18. (a) Signature of funeral director. None

(b) Address \_\_\_\_\_

19. (a) 12-31-1940 (b) Gebe King white  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Douglas  
(c) City or town. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 82 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from only Dec 8 to \_\_\_\_\_, 1940

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic My  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature J. C. Boats (M. D. or other) \_\_\_\_\_

Address Cabool Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 141-3069

Date Filed JAN 3 1941

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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.....

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, above space should be left blank.**