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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2543

Registration District No. 306 (Primary Registration District No. 5424 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural Bouf Tp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rosebud Rout 1 # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 46 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Rosebud R.F.D. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HERMAN HENRY WITTIE

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Wittie

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 15 (Day) 1866 (Year)

8. AGE: Years 74 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name Fred Wittie
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Katie Landwehr
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Albert Wittie
(b) Address Rose Bud Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Jan. 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Gerald Mo.

18. (a) Signature of funeral director W.F. Hottenstraeter
(b) Address Owensville Mo

19. (a) 1-22-41 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 1937 to Jan. 21 1941; that I last saw him alive on Jan 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Hypertension
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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

23. Signature Charles A. Schmidt M.D. or other
Address Gerald Mo Date signed 1-23-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. F. Gattenstracter

Licensed Embalmer No. 1444

P. O. Address Owensville 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.