

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHCarlisle
State File No. 11623

Registration District No. 668

Primary Registration District No. 8032

Registrar's No. 96

1. PLACE OF DEATH:

- (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell 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)

3. (a) PRINT FULL NAME William Witcig

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 Sallie Witcig 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 13, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Retired Cabinet Maker

11. Industry or business _____

12. Name Christian Witcig
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Jennie Freibur
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Witcig
 (b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Mar. 15/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill18. (a) Signature of funeral director Gillespie Funeral Home(b) Address Sedalia, Mo.

19. (a) 3-15-41 (b) Mrs. Harry Shield
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1512 So. Vermont
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1941 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 1
 19 41, to March 13, 19 41;
 that I last saw him alive on March 13, 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from old gastric ulcer or malignancy
 Due to _____

Due to if b f
 Other conditions Secondary anemia
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy Refused

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) - no
 (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? no

While at work? ✓ (Specify type of place)
 (e) Means of injury
 23. Signature Dr. B. Carlisle M.D. (M. D. or other) 1
 Address Sedalia Mo Date signed 3-14-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-9-71

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

H. E. Baulchin

Licensed Embalmer No. *3867*

P. O. Address *Dundalk Md*

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.