

FILED MAY 10 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14473

Registration District No. 295

Primary Registration District No. 5412

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, Rural
(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 31 Years.
In this community 31 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Sullivan, Rural
(d) Street No. 0
(e) If foreign born, how long in U. S. A. 37 years.

3. (a) PRINT FULL NAME John August Hittl

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Louise Hittl 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 27 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Ignatis Hittl

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Louise Hittl

(b) Address Sullivan Missouri.

17. (a) Burial (b) Date thereof Apr. 15, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Thos P. Shaffer
(b) Address Sullivan, Missouri.

19. (a) 4-14-49 (b) C. A. Dector
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Aug.
1940 to April 13, 1941
that I last saw him alive on 4-10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Post hemiplegic 1940
By distension

Other conditions Post hemiplegic 1940
(Include prognosis within 3 months of death)

Major findings: By distension
Of operations 94
Of autopsy 94

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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?
933

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

23. Signature C. A. Dector (M. D. or other) 0
Address Sullivan Mo Date signed 4-14-49

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

76
00

MOTHER FATHER

94W

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 Edgar W. Jefferson

Licensed Embalmer No. 3894

P. O. Address Sullivan, 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.