S. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5276

State File No. 28033

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural -- Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
North K. C. Mo. Route #8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 months 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 024

(c) City or town Rural -- North Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. Route #8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAXIMILIAN GEORGE WITTMAN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Hazel Ann

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

7. Birth date of deceased October 22, 1868
(Month) (Day) (Year)

8. AGE: Years 72 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Coburg, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation musician

11. Industry or business

FATHER
12. Name Heinrich Von Wittman
13. Birthplace Coburg, Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luther
15. Birthplace Coburg, Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. E. Wittman
(b) Address Route 8, North K. C. Mo.

17. (a) Burial (b) Date thereof 8-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kansas

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 8-14-1941 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from two years
, 19 , to , 19 ;
that I last saw him alive on Aug 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis

Due to Primary tumor of left kidney

Due to

Other conditions 520
(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor of kidney with metastasis to liver
Of autopsy

Duration

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 Clarence S. Capell (M. D. or other)
Address 906 Grand Ave K C Mo Date signed 8/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-9-41
Date Filed

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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28033

Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural Gallatin
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Maxmillion G. Hittman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: div

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-14-41 (Date received local registrar) (b) J S Morton (Registrar's signature)

By Ruth N Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 14 year 1941 hour minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY