

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 2 1941 STANDARD CERTIFICATE OF DEATH

State File No. 31024

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 240

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia, Mo.
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(d) Length of stay: In hospital or institution: 13
In this community: years, months or days

3. (a) PRINT FULL NAME: Hittrell, W. M. Lewis

3. (b) If veteran, name war: no
3. (c) Social Security No: 491-05-6231

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Addie Rittrell
6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Oct. 27 1881

8. AGE: Years 59, Months 10, Days 4

9. Birthplace: Santa Fe, Mo. 0

10. Usual occupation: Laborer

11. Industry or business

12. Name: Rittrell, Daniel Theobald
13. Birthplace: Howard Co. Mo. 0
14. Maiden name: Rittrell, Julia Ann
15. Birthplace: Howard Co. Mo. 0

16. (a) Informant: Rittrell, Clarence
(b) Address: 920 N. St. - Mexico Mo

17. (a) Removal: (b) Date thereof: 9/1/41

(c) Place: burial or cremation: Burial

18. (a) Signature of funeral director: W. Arnold

(b) Address: Mexico Mo

19. (a) 9/3/41 (b) Allie Salby

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain
(c) City or town: Mexico
(d) Street No.: 628 W. Love
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 11:00 P. M.

21. I hereby certify that I attended the deceased from 8-17 to 8-31 that I last saw him alive on 8-31 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis, part of Cancer of stomach

Due to: H6B

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

Major findings: Cancer of stomach
Of operations: stomach
Of autopsy:

Duration: 3 days 3 1/2

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature: Joe M. Parker (M. D. or other) G.M.
Address: Ellis Fischel Hospital signed 9/1/41

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

10
420

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

C. W. Arnold

Licensed Embalmer No.

3569

P. O. Address

Mexico

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, fact should be so stated above.