

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 306

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5424

State File No.

Registrar's No. 12

1. PLACE OF DEATH: **GASCONADE**
(a) County
(b) City or town: **RURAL BOEUF Twp**
(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
In this community
years, months or days

3. (a) PRINT FULL NAME: **REBECCA CHARLOTTE Witte**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: **FEMALE**
5. Color or race: **White**
6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **HERMAN Witte**
6. (c) Age of husband or wife if alive: **DEAD**

7. Birth date of deceased: **August 27 1875**
(Month) (Day) (Year)

8. AGE: Years **66** Months **3** Days **11**
If less than one day hr. min.

9. Birthplace: **IBAY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House work**

11. Industry or business

12. Name: **Fred Weidemann**

13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name: **Amelia Linnemann**

15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Albert Witte**

(b) Address: **ROSE-BUD MO**

17. (a) **Burial** (b) Date thereof: **Dec. 10 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **St. Pauls Ev. Cemetery, Gerald, Mo**

18. (a) Signature of funeral director: **W.F. Gottenbacher**

(b) Address: **Oregonville Mo**

19. (a) **12-934** (b) **John Engelbrecht**
(Date received local registrar) (Registrar's signature)

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 Mo. Rural R. #1**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **8**
year **1941** hour **3:30** minute **4** M.

21. I hereby certify that I attended the deceased from **July 1940** to **Dec 8 1941**
that I last saw **her** alive on **Dec 3 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis**
Due to: **Chronic arterial sclerosis**
Chronic myocarditis

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

Major findings: **930**
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature: **Charles Schmitt** M.D. or other
Address: **Deal MO** Date signed: **12-8-41**

(Licensed Embalmer's Statement on Reverse Side)

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

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. Gottenstroter

Licensed Embalmer No. 1444

P. O. Address Quensville, 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, fact should be so stated above.