DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6238

FILED MAR 18 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 51.

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Frances Hosp.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town CAPE GIRARDEAU 16
(If outside city or town limits, write "RURAL")

(d) Street No. 631 BELLEVUE 1
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 4

If yes, name country

3. (a) PRINT FULL NAME MITILDA WITTMOR

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~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 16 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	22	hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business Own home

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

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

16. (a) Informant LOUIS WITTMOR

(b) Address 631 BELLEVUE, Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARYS CEM.

18. (a) Signature of funeral director Walther's Und. Co.

(b) Address 260 N. Middle

19. (a) 2-9-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1942 hour 3 35 minute P M.

21. I hereby certify that I attended the deceased from Jan 9th, 1942 to Feb. 8th, 1942
that I last saw her alive on Feb. 8th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General debility — Duration 2

Due to impacted itra capsular fracture of left femur — Jan 4th to Feb 8/42

Due to accidental falling while working in her kitchen

Other conditions arterio-sclerosis 2
(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 115

(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 G B Schulz (M. D. ~~or other~~)

Address Cape Girardeau, Mo. Date signed 2/9/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-358
Date Filed 9-13-42

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 J. W. Pister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

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

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

No. 2B
-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 6238

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Gir.
(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
In this community years, months or days)

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 Mitilda Wittmore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 16 (Day) 1868 (Year)

8. AGE: Years 73 Months 6 Days 22 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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1942 hour minute M.

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

	Duration
Immediate cause of death: Inanition and general debility	
Fracture of right femur	
Due to right femur	1/5/42 to 2/8-42
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1860
18

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) accident

(b) Date of occurrence 1/5/42

(c) Where did injury occur? Cape Girardeau (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the kitchen of her home (Specify type of place)

While at work? yes (e) Means of injury fall.

23. Signature E B Schultz (M. D. or other)

Address Cape Girardeau, Mo. Date signed 4/7/42