

FILED MAY 1 1942

Registration District No. 614

Primary Registration District No. 5814

Registrar's No. 23

1. PLACE OF DEATH: Newton

(a) County Newton

(b) City or town rural: Van Buren township  
(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 Missouri (b) County Newton 73

(c) City or town..... 0  
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME HENRY JACOB WITT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1942 hour 7:07 minute A M.

21. I hereby certify that I attended the deceased from Mch 19,  
1942 to Mch 24, 19 42  
that I last saw h.i.m. alive on Mch 24 19 42  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Theresa Anna Muellering 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May 31 1866  
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 107

8. AGE: Years 75 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Frank Witt

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

14. Maiden name Caroline Cavarowsky

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Baptismal Certificate

(b) Address.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence.....

(c) Where did injury occur? none  
(City or town) (County) (State)

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

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Guiney

(b) Address Pierce City Mo

19. (a) Mar 26 42 (b) Lulu Morwood  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (Means of injury) 0

23. Signature Mason (M.D. or other)  
Address Pierce City Mo Date signed 3/25/42

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

73  
090

RECEIVED

District Health Officer No. 6

District File Number 442-607

Date Filed APR 29 1942

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 Walter D. Kummer

Licensed Embalmer No. 3822

P. O. Address Peace City 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.