

S. No. 2
1-9-4-41
5-17-39
X29464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18131

State File No.

FILED JUN 19 1942

Registration District No. 40-0

Primary Registration District No. 5553

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Home for the aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos.
In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maude Wittmer

3. (b) If veteran. name war none 3. (c) Social Security No. none

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced

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

7. Birth date of deceased Feb-12-1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Jesse K. Miller

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Laura E. Hurdin

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Emil John Wittmer

(b) Address 119 So. Dodge

17. (a) Burial (b) Date thereof 10/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) June 9, 1942 (b) F. W. Schick or Elizabeth Schick
(Date received local registrar) (Registrar's signature) (Capacity)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 119 So. Dodge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 4-27, 1942, to 6-5, 1942
that I last saw her alive on 6-5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo carditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. W. Greene (M. D. or other) _____
Address Independence Date signed 6/4/42

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

no 15

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

OCT 20 1947

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.....

Licensed Embalmer No. 2467

P. O. Address.....

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.