

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27119

State File No. _____

FILED AUG 21 1942

Registration District No. 307

Primary Registration District No. 5421

Registrar's No. 6

1. PLACE OF DEATH:

- (a) County Orange Gasconade
(b) City or town Morrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME ALBERT WITTHAUS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Wittthaus 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased 11-19-1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days -
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Edith Wittthaus
13. Birthplace Warren City MO
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Squater
15. Birthplace Warren City MO
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Wittthaus
(b) Address Morrison MO

17. (a) _____ (b) Date thereof 7-31-1942
(Burial, cremation, or removal) (City) (Month) (Day) (Year)

- (c) Place: burial or cremation Eurgison / Chanis MO

18. (a) Signature of funeral director Arnold Hummel
(b) Address Morrison MO

19. (a) July 20, 1942 (b) A. H. Liedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Gasconade 37
(c) City or town Morrison 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 7-15 to 7-19 1942
that I last saw him alive on 7-18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration _____

Due to _____
Due to _____

Other conditions _____
(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 _____
(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 Howard Workman (M. D. or other) _____
Address St. Louis Date signed 7-20-42

(Licensed Embalmer's Statement on Reverse Side)

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

1261

SEP 3 1954

ALBERT WILSON

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 Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Morrison, 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.