

FILED SEP 16 1942

Registration District No. 122

Primary Registration District No. 5453

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Rural Brookline Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route # 7
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community 7 Years
 years, months or days)

3. (a) PRINT FULL NAME James H. Vititoe3. (b) If veteran, name war no 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 Vanda Vititoe
 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased May 31 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Retired Salesman

11. Industry or business _____

12. Name 9
 13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name 9
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.W. Christopher(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof Aug. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenlawn18. (a) Signature of funeral director H.H. Lehmyer(b) Address Springfield, Mo.19. (a) Aug. 7-42 (b) Florence Britain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Rural Brookline Township
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Route # 7
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1942 hour 5 minute a. M.21. I hereby certify that I attended the deceased from April 1 1941 to Aug 3 1942
that I last saw him alive on Aug 2 1942
and that death occurred on the date and hour stated above.Immediate cause of death Valvular Heart Disease Duration 7/1/41

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)Major findings: None
Of operations _____Of autopsy None

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) None
 (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)
 (c) Means of injury _____
 23. Signature Robert Williams (M.D. or other) W.D.
 Address Springfield Mo Date signed Aug 6-42

124

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Officer

County File Number 42-9-27

Date Filed 9/13/72

REV B

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30399
Registrar's No.

Registration District No. 122

Primary Registration District No. 5453

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural
(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 James H. Vitise

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 3
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m

5. Color or race Wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 31 1943
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days _____ If less than one day _____ min.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

Duration _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Aug 7-1942 (b) Glorence Britain
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

