

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 East 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether
In this community 16 years years, months or days)

3. (a) PRINT FULL NAME John Witcig

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
(b) Name of husband or wife Mary E. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 30 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer
11. Industry or business Retired

12. Name Christopher Witcig
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Mary E. Witcig
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 9-25-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Jos. A. ...
(b) Address Sedalia Mo.

19. (a) 9-25-42 (b) Mo. Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 515 East 11th St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1942 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 20 1942 to Sept 23 1942 that I last saw him alive on Sept 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the face and neck with metastasis into stomach Duration

Due to

Due to

Other conditions 53 (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 W. J. Bischof (M. D. or other) —
Address Sedalia Date signed 9-25-42

1022

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 30 1942
RECEIVED 11:42

District Health Officer No. 8,

District File Number _____

Date Filed 9-28-42

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 _____

L. E. Bouldin
Licensed Embalmer No. 3867

P. O. Address _____

Bouldin 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.