

V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

38403

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 4548

Registrar's No.

1. PLACE OF DEATH:
(a) County North
(b) City or town Grant City Mo
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County North
(c) City or town Grant City Mo
(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. 0

3. (a) PRINT FULL NAME Anna Josephine Rybolt Witmer
(b) If veteran, name war.
(c) Social Security No. 01-11-1111

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Nov day 5
year 1942 hour 2:00 minute 1 M.
21. I hereby certify that I attended the deceased from Nov 4
1942 to Nov 5 1942

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Joseph W. Witmer
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 18 62
(Month) (Day) (Year)

that I last saw her alive on Nov 5
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Duration 10 hr

8. AGE: Years 80 Months 1 Days 4
If less than one day
hr. min.

9. Birthplace Decatur County Ind
(City, town, or country) (State or foreign country)
10. Usual occupation Housewife

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 10 hr

11. Industry or business
12. Name William Rybolt
13. Birthplace Decatur County Ind
(City, town, or country) (State or foreign country)
14. Maiden name Elizabeth Francis Arnold
15. Birthplace Not Known Ind
(City, town, or country) (State or foreign country)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Elizabeth Lock
(b) Address Grant City Mo
17. (a) Burial (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Mo
18. (a) Signature of funeral director John Anderson Jr
(b) Address Grant City Mo
19. (a) Nov 6, 1942 (b) Elmer Schenck
(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 injury)
(e) Means of injury 2
23. Signature Butler Reed (M.D. or other)
Address Grant City Mo Date signed 11/6/42

1104 (Licensed Embalmer's Statement on Reverse Side)

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

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, John Andrews Jr.

Registered Apprentice No. _____

working under my personal supervision.

Signed John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant 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.