

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11093

State File No. _____

Registrar's No. 82

Primary Registration District No. 2052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sidalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 233 So Stewart Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years, months or days

3. (a) PRINT FULL NAME Charles Alford Witcher

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife NANNIE MILLER BROWN 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased July 26 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Marshall Junction Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name William Patrick Kitcher

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

14. Maiden name Angeline Kitcher

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

16. (a) Informant Brown Kitcher

(b) Address Sidalia Mo.

17. (a) burial (b) Date thereof Feb 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director W. H. H. H.

(b) Address Houstonia

19. (a) 2-27-43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Pettis
(c) City or town Sidalia
(If outside city or town limits, write "RURAL")
(d) Street No. 233 Stewart Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Feb
year 1943 hour 7:10 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 12 42
to 2-27-43 19 43
that I last saw him alive on 2-26- 19 43
and that death occurred on the date and hour stated above
Immediate cause of death Cerebral Hem.

Duration 2 or 4 yrs

Due to Stroke

Due to Cerebral Hem.

Other conditions Metabolic Regurgitation

(Include pregnancy within 3 months of death)

Major findings: 83

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 J. E. Cannady (M. D. or other) _____

Address 312 1/2 So. Main Date signed 2-27-43

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-8-43

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.....

H. H. Smiley

Licensed Embalmer No. 3987

P. O. Address Houston, Texas

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.