

FILED MAY 7 1943

Registration District No. **319** Primary Registration District No. **6079** Registrar's No. **22**

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

1. PLACE OF DEATH:
 (a) County St. Genevieve
 (b) City or town Rural St. Genevieve Twp.
 (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 60 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Genevieve
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Genevieve Township
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WITT KOPF

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

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** 2 divorced, widowed
6. (b) Name of husband or wife Katherine Pleis **6. (c) Age of husband or wife if** _____
7. Birth date of deceased Jan 9 1863 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>80</u>	<u>3</u>	<u>9</u>	hr. _____ min.

9. Birthplace Bavaria Europe 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER

12. Name Bernard Wittkopf

13. Birthplace Bavaria Europe 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kraft

15. Birthplace Bavaria Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wittkopf

(b) Address Near Offenburger Mo

17. (a) Burial **(b) Date thereof** 4-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilmington Mo

18. (a) Signature of funeral director H. C. Basler

(b) Address St. Genevieve Mo

19. (a) Apr 20/43 **(b)** T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 12:00 noon M.

21. I hereby certify that I attended the deceased from January 10 1943, to April 18 1943 that I last saw him alive on April 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Post cardiac
degeneration
hypostatic pneumonia
 Due to Chronic myocarditis
arteriosclerosis
 Due to arteriosclerosis
 Other conditions 93d
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
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 H. C. Basler (M. D. or other) _____
Address St. Genevieve Mo **Date signed** 4-19-43

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RECEIVED

District Health Officer No. 4

District File Number 543-2170

Date Filed 5-6-43

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 Leo C. Bush

Licensed Embalmer No. 1985

P. O. Address St. Petersburg Fla.

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.