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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3678

State File No. _____

Registration District No. 234

Primary Registration District No. 5816

Registrar's No. 91

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL RICHLAND 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MI N OF STOVER
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILHELMINA MARIA WITTE

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ANTON WITTE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 8 1893
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name FREDERICK BAUER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MATTIE BRUNES
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant ODIES WITTE
(b) Address STOVER MO

17. (a) BURIAL (b) Date thereof JAN 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PYRMONT CEM

18. (a) Signature of funeral director PAMI Steiner
(b) Address Stover Mo.

19. (a) JAN 20 1944 (b) Henry Lipp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16 year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 9th to Jan 16th 1944
that I last saw her alive on Jan 15th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 3 min
Due to Cancer Right Breast Right 1 yr.

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

Major findings: 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) (d) Means of injury _____
23. Signature W. G. Deam (M. D. or other) _____
Address Versailles Mo Date signed 1-18-44

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

RECEIVED

District Health

Office No. 71

1-44-169
2-10-44

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

J. J. Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stover 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.