No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11322

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina 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 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52 1

(c) City or town Edina 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wilhelm C. Witt

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 2

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 9 (Day) 1854 (Year)

8. AGE: Years 89 Months Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frederick Witt
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jonknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Witt
(b) Address Edina, Mo.

17. (a) Removal (b) Date thereof 1 (Month) 5 (Day) 1944 (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Woodlawn Cemetery Chicago Ill

18. (a) Signature of funeral director L B Kelsey
(b) Address Edina Mo.

19. (a) Jan 3 1944 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

114

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 3
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from October 1943, to January 3, 1944;
that I last saw him alive on January 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis

Due to Senility

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury?

23. Signature A C Gibson ~~(M. D. or other)~~ D.O.
Address Edina Mo. Date signed 1/3-44

(Licensed Embalmer's Statement on Reverse Side)

Removal Transit Permit

RECEIVED
District Health Officer No. 10
District File Number 3-44-644
Date Filed MAR 14 1944

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 George B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.

No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 169 Primary Registration District No. 4258 Registrar's No.

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Wilhelm Welt
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~~
6. (b) Name of husband or wife Don't Know
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 9 (Day) (Year)
8. AGE: Years 89 Months Days If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1944 hour minute M.
21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

11322