

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1550

Registrar's No. 294

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St Joseph Mo
(c) Name of hospital or institution State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution in this community
In this community 4 yrs 1 mo 8 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dora Alta D^e Witte

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female race White 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr Witte 6. (c) Age of husband or wife if alive no given years
7. Birth date of deceased Oct 4 1897 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name David B Miller

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

14. Maiden name Emma Butler

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

16. (a) Informant C. J. De Witt

(b) Address Reper Mo

17. (a) Rural (b) Date thereof 3-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Removal to Nylan Mo.

18. (a) Signature of funeral director St Joseph Freeman

(b) Address St Joseph

19. (a) 3-12-45 (b) John A. Butler (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Reper Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1945 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Mar 12, 1945
that I last saw him alive on Mar 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart dilatation of the heart Duration 2 days

Due to arteriosclerosis 1 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 C

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 0

23. Signature D. J. Butler (M. D. or other)

Address State Hospital # 2 Date signed 3/12/1945

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

FEB 3 1950

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 _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.