

U.S. No. 2  
FORM 5-17-39  
v. 5-17-39  
X36671

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

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
FILED AUG 9 1945 STANDARD CERTIFICATE OF DEATH

State File No. 24661

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 191

1. PLACE OF DEATH:  
(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1501 S. MONITEAU  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 72 YEARS  
years, months or days)

3. (a) PRINT FULL NAME ALVINA M. 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 MARRIED  
6. (b) Name of husband or wife FRANK A. 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased 2 - 8 - 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 5 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER-FATHER { 12. Name JOHN BUCK  
13. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name MINNIE GRIFFEE  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MR FRANK A. WITTE  
(b) Address SEDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-26-1945  
(Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director Gillespie  
(b) Address SEDALIA MO

19. (a) 7/24/45 (Date received local registrar) (b) Mrs. Anna Bueger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County PETTIS 80  
(c) City or town SEDALIA 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1501 S. MONITEAU 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JULY day 23RD  
year 1945 hour 4 minute A M.  
21. I hereby certify that I attended the deceased from 42 July 23 1945  
to July 22 1945  
that I last saw her alive on July 22  
and that death occurred on the date and hour stated above,  
Immediate cause of death Cholelithiasis 4 yrs  
and acute cholecystitis 3 da

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1211

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature A. H. Walter (M.D. or other) MA  
Address 120 W. S. Sedalia Mo. Date signed 7-23-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8.

District File Number .....

Date Filed ..... 8-2-67 .....

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.....

*L. E. Boulton*

Licensed Embalmer No. ....

*3867*

P. O. Address.....

*Seebach 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.