

FILED OCT 9 1945 STANDARD CERTIFICATE OF DEATH

State File No. 30508

Registration District No. 117

Primary Registration District No. 5436

Registrar's No. 9-1

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Rural Boulware Sup  
 (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)  
 In this community Lifetime  
 years, months or days

3. (a) PRINTED FULL NAME PAULINE WILHELMINA ANNA 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 William E. Witte 6. (c) Age of husband or wife if alive dead years  
 7. Birth date of deceased September 7 1873  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 11 If less than one day  
 hr. \_\_\_\_\_ min.

9. Birthplace Bay Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name Carl Walter

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

14. Maiden name Wilhelmina Roemer

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

16. (a) Informant George Witte  
 (b) Address Bay, Mo.

17. (a) Burial (b) Date thereof 9 21 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Zion's Ev. Cemetery

18. (a) Signature of funeral director Winfred H. H. Winter

(b) Address Quenerville, Mo.

19. (a) 9/20/45 (b) Mrs. Ray Ackerskott  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Bay  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 13, 1945, to Sept 18, 1945,  
 that I last saw her alive on Sept. 17, 1945,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Right Hemiplegia 6 dys.  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None After

Of autopsy None After  
 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) (c) Means of injury After

23. Signature Paul A. Brenner (M. D. or other) MD

Address Quenerville, Mo. Date signed 9-20-45

(Licensed Embalmer's Statement on Reverse Side)

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

1595

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-8-45

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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Welford H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.