S. No. 2
M—8-43
. 5-17-39
D I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33701

Registration District No. 116 Primary Registration District No. 3-0-2-0-5434 Registrar's No. 104

1. PLACE OF DEATH:

(a) County: Franklin.

(b) City or town: Washington. "Rural" (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None. (Specify whether years, months or days)

In this community: 66 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin

(c) City or town: Washington "Rural" (If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: X

3. (a) PRINT FULL NAME: Paulina A. Vitt.

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband: August Vitt.

6. (c) Age of husband if alive: 76 years

7. Birth date of deceased: January (Month) 8th, (Day) 1879 (Year)

8. AGE: Years 66 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation: Housewife.

11. Industry or business: X

FATHER

12. Name: Alfred Horn.

13. Birthplace: Campbellton, (City, town, or county) Missouri. (State or foreign country)

MOTHER

14. Maiden name: Mary Anna Vitt.

15. Birthplace: Campbellton, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: August Vitt

(b) Address: Washington, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 31, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation: Washington, Mo.

18. (a) Signature of funeral director: Niebur & Vitt, Inc.

(b) Address: Washington, Mo.

19. (a) 10/30/45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th, year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from April 11 — 1936, to Sept. 8 — 1945, that I last saw her alive on Sept. 8 — 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of the liver non-alcoholic — Duration 1934

Due to: Gastroenteritis chronic — Duration 1943

Due to:

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

Major findings:
Of operations:
Of autopsy: 12 hr

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: Wm. L. Weinfeld (M.D. or other) P.G.

Address: Washington Mo. Date signed: 10/29/45

1449

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-5-45

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

Signed Lester H. Vitt
Licensed Embalmer No. 3254
P. O. Address Washington, 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.