

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUN 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15736**
Registrar's No. **121**

Registration District No. **38** Primary Registration District No. **3006**

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Hours
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 109 McBaine Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME KATHLEEN WITTWER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1946 hour 5 minute _____ P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5 - 21 - 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May - 21, 1946, to May - 22, 1946,
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
 Due to Premature Birth 7 1/2 mo.

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

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

10. Usual occupation _____
 11. Industry or business _____
 12. Name Sylvan H. Wittwer
 13. Birthplace Hurricane Utah
(City, town, or county) (State or foreign country)
 14. Maiden name Maurine Cottle
 15. Birthplace Liberty Idaho
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sylvan H. Wittwer
 (b) Address 109 McBaine Ave., Columbia, Mo.
 17. (a) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia Cemetery
 18. (a) Signature of funeral director Parson Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 5-24-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

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 J.C. Suggitt (M. D. or other) MD
 Address Columbia Date signed 7/29/46

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

10
2
4

14628

31

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-5-46

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

W. S. Whitfield

Licensed Embalmer No.

3893

P. O. Address

Columbia 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.