S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20668

Registration District No. 16

Primary Registration District No. 5672

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Emergency Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Courtney, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 6 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Margaret Bittle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wilkerson Bittle

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Oct. 28, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	6	21	hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Andrew Wolf
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Wilkerson Bittle

(b) Address Courtney, Missouri, R,6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/45 (Month) (Day) (Year)

(c) Place: burial or cremation Six Mile Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address F Independence, Missouri

19. (a) 5/24/46 (Date received local registrar) (b) Geo G Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1946 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from 5-15-46, 19..., to 5-19-46, 19...; that I last saw her alive on 5-19-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Senile psychosis.	
Due to: Arteriosclerotic gangrene of feet	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 200 Plaza Mal Bldg Date signed 5/22/46

183 (Licensed Embalmer's Statement on Reverse Side)

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 Floyd Clarson

Licensed Embalmer No. 4199

P. O. Address Independence, Sa

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.