

FILED NOV 19 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Allen Rest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 months
3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. Allen Rest Home 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARTIN C. WITMER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White

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

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

7. Birth date of deceased April 10 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1 to Oct 2, 1946
that I last saw him alive on 2 Oct, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years Months Days If less than one day

<u>80</u>	<u>5</u>	<u>22</u>	hr. min.
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Due to arterial hypertension

Due to _____

9. Birthplace (near) Ashland, Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Railroad man

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

16. (a) Informant Mr. Harvey Burrus

(b) Address Independence, Missouri

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof Oct. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Woodlawn Cemetery

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

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

(b) Address Independence, Missouri

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

19. (a) 10-14-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Address Independence Date signed 4 Oct 46

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

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.....

Charles F. Lyle, Registered Apprentice No. *411*,
working under my personal supervision.

Signed *R. A. Lisle*.....

Licensed Embalmer No. *423*.....

P. O. Address *Independence, 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.