

FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4501

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Franklin.  
(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days. (Specify whether  
In this community 52 yrs. years, months or days)

3. (a) PRINT FULL NAME Oswald Charles Vitt.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of ~~husband~~ or wife Mary H. Vitt. 6. (c) Age of ~~husband~~ wife if alive 33 years  
7. Birth date of deceased October 1st, 1894  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Farming.

11. Industry or business X

MOTHER FATHER  
12. Name Julius Vitt.  
13. Birthplace Campbellton, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Himburg,  
15. Birthplace Campbellton, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary H. Vitt  
(b) Address Washington, Mo. R. #1 W.

17. (a) Burial (b) Date thereof Feb. 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.  
18. (a) Signature of funeral director Himburg & Vitt, Inc.  
(b) Address Washington, Mo.

19. (a) 2/8/47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36  
(c) City or town Washington "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. #1 W.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th.  
year 1947 hour 3:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 4, 1947, to Feb. 7, 1947  
that I last saw him alive on Feb. 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Arteriosclerosis

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]  
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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address Washington, Mo. Date signed 2/8/47

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

6  
6  
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99

MAR 30 1950

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 18 1947

JUN 6 1950

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.....

*Jerome F. Swoboda*  
working under my personal supervision.

Registered Apprentice No. *441*

Signed.....  
*Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address.....  
*Washington, D.C.*

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..