S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 67-23995

Registration District No. _____ Primary Registration District No. 5510 Registrar's No. 159

1. PLACE OF DEATH:

(a) County: Henry

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

(c) Name of hospital or institution: at Home, Farmer Twp (If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Deepwater Mo (If outside city or town limits, write "RURAL")

(d) Street No.: Farmer Twp (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: Catherine Wittig.

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband ~~or wife~~: Carl Wittig

6. (c) Age of husband or wife if alive: 89 years

7. Birth date of deceased: March (Month) 24 (Day) 1852 (Year)

8. AGE: Years 95 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Tiffin (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business _____

MOTHER FATHER

12. Name: Jacob Staub.

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

14. Maiden name: Catherine Hoak

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

16. (a) Informant: Mrs Nettie Wittig

(b) Address: Deepwater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Walley Center Cemetery

18. (a) Signature of funeral director: Earl Hyatt

(b) Address: Deepwater Mo

19. (a) 7-18-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 19, 1946, to July 16, 1947; that I last saw him alive on July 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 days
Due to: Hypertensive arteriosclerosis	Unknown
Due to: —	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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): No

(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: S. B. Umphrey (M. D. or other)

Address: Clinton, Mo Date signed 7/17/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-47-853
Date Filed 7-21-47

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.