

FILED MAY 11 1948

Registration District No. 115

Primary Registration District No. 4187

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 503 E. State St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 503 E. State St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Augusta Witt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month April day 30th  
year 1948 hour 7 minute 40 a.m.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 1st 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 31 to 4-30 1948  
that I last saw her alive on 4-30 1948  
and that death occurred on the date and hour stated above.

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

94 11 29 hr. \_\_\_\_\_ min.

Immediate cause of death Serivility

Duration \_\_\_\_\_

9. Birthplace Union Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Home wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 112B

11. Industry or business \_\_\_\_\_

12. Name Thomas B. Bruch

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

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant O Witt

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 5/2/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director E. H. Altman

(b) Address Union Mo.

19. (a) May 2nd (b) F. T. Cooper et al  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. M. Senny (M. D. or other) M.D.

Address Union Mo. Date signed 5-1-48

Date Filed 5/10/48

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

AUG 18 1948  
AUG

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 E. F. Ottman

Licensed Embalmer No. 1686

P. O. Address Union 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.