

FILED AUG 31 1948

State File No. \_\_\_\_\_

Registration District No. 27

Primary Registration District No. 0005

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Amoret, Mo. in Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Butler Memorial Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 Years  
years, months or days

3. (a) PRINT FULL NAME JACOB BITNER

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

4. Sex M 5. Color or race W 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 8 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Delta Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Joseph Bitner

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

14. Maiden name Sarah Bradley

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

16. (a) Informant Wright Bitner

(b) Address Amoret, Mo.

17. (a) Burial (b) Date thereof Aug. 24, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benjamin Cemetery

18. (a) Signature of funeral director Culver Underwood

(b) Address Butler, Missouri

19. (a) 8-24-48 (b) Randall Kersy  
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Amoret Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. SE of Amoret  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22nd  
year 1948 hour 5 P.M. M.

21. I hereby certify that I attended the deceased from Aug 21st 1948 to Aug 22nd 1948  
that I last saw him alive on Aug 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocardial Failure  
Due to Fracture hip left - and skull fracture -  
Due to Fall from Barn Roof

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 1860  
14

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

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Aug 21st 1948  
(c) Where did injury occur? Butler Bates Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm, fall from Barn Roof -  
While at work? Yes (Specify type of place) (e) Means of injury Fall

23. Signature W. H. ... (M. D. or other)  
Address Butler, Mo. Date signed 8/24/48

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No

District File Number 2-48-90

Date Filed 8-30-48

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.....

*Robert G Steinbeck*

Registered Apprentice No. 200

working under my personal supervision.

Signed

*John L. Andrew*

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**