WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37315

Registration District No. 797 Primary Registration District No. 6046 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Miama
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Miama Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew Wittman 355
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizebeth Wise
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 16 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	22	hr. min.

9. Birthplace Pilot Grove Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Peter Wittman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Regina Hutman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Amos Wittman
(b) Address Marshall, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Don Short
(b) Address Marshall, Missouri 711.
19. (a) Oct 4 - (Date received local registrar) (b) 39 Mrs Aubrey Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1939 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from Dec 15, 1934, to Oct 4, 1939,
that I last saw him alive on Oct 1, 1939,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	5 yrs
Due to	
Due to	
Other conditions Gangrene Left foot (Include pregnancy within 3 months of death)	10 days

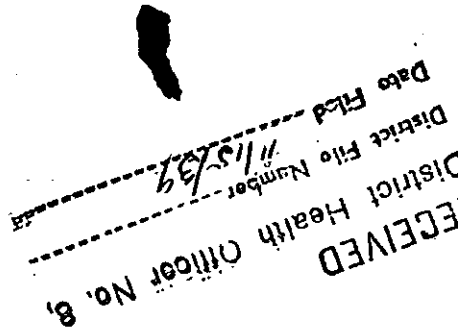
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Marshall, Mo Date signed 10/5/39

(Licensed Embalmer's Statement on Reverse Side)

I x19511



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.....

Donald W. Short, Registered Apprentice No.....

working under my personal supervision.

Signed Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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, above space should be left blank.