

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1550

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Polk

(b) City or town St Joseph Mo

(c) Name of hospital or institution: St. Joseph Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution in this community
In this community 4 yrs 1 mo 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Reper Mo 11
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Dora Alta D' Witte

3. (b) If veteran, name war No

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1945 hour 5 minute a M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W. Witt 6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased: Oct 4 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1945 to Mar 12 1945
that I last saw him or her alive on Mar 10 1945
and that death occurred on the date and hour stated above.
Immediate cause of death heart dilatation of the heart Duration 2 days

8. AGE: Years Months Days If less than one day
67 4 15 hr. min.

Due to arteriosclerosis 1 yr

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

Due to _____

10. Usual occupation Housewife at home

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name David B Miller

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

14. Maiden name Emma Duley

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

Major findings: Of operations 95 C

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant W. Witt

(b) Address Reper Mo

17. (a) Rural (b) Date thereof 3-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal to Nylan Mo.

18. (a) Signature of funeral director W. Witt, Freeman 95m

(b) Address St Joseph

19. (a) 3-12-45 (b) W. Witt
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature W. Witt (M. D. or other) _____
Address St Joseph # 2 Date signed 3/12/1945

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

MOTHER FATHER

FEB 3 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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert H. Yapple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.