

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Weeks
(Specify whether years, months or days)
 In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. Boulevard Manor -1115 E. Armour
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mr. Ernest A. Witter **366**
 8. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18th
 year 1940 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 25,
1940 to June 18, 1940
 that I last saw him alive on June 18, 1940, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Katharyn Witter
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased: June 30 1874
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Toxemia</u>	<u>2 MO</u>
Due to <u>Cystitis and extra-peritoneal infection</u>	<u>2 MO</u>
Due to <u>137</u>	

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 11 18 hr. _____ min.
 9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Feed Broker

Major findings: adenoma of prostate
 Of operations _____
 Of autopsy Inflammation + necrosis of Bladder + extra peritoneal infection
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown Witter
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Dreyer
 (b) Address 1033 Board of Trade KC Mo
 17. (a) Burial (b) Date thereof June 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

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 O. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) June 20, 1940 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (a) Means of injury _____
 23. Signature John T. Shermen (M. D. or other) MD
 Address 1402 Bryant Bldg Date signed 6-19-40

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 *H. C. Newcomer*

Licensed Embalmer No. 4043

P. O. Address *H. C. Newcomer*

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.