No. 2
11-10-39
5-17-39
I X21492

FILED AUG 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25812

Registration District No. 919 Primary Registration District No. 5793a Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Morgan

(b) ~~City or town~~ Rural Hawcreek Tp.
(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 (Specify whether
In this community years, months or days) 300

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County Morgan

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Karoline Dierking Witte

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife C. A. Witte

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. (Month) 2 (Day) 1885 (Year)

8. AGE: Years 55 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Martin Dierking
13. Birthplace Concordia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dorothy Pieper
15. Birthplace Pyrmont (City, town, or county) Mo. (State or foreign country)

16. (a) Informant C. A. Witte
(b) Address Stover Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cem.

18. (a) Signature of funeral director Pepp & Stevinson
(b) Address Stover, Mo.

19. (a) Aug 10th 1940 (Date received local registrar) (b) Wm L Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-15-40, 19__, to 7-22-40, 19__; that I last saw her alive on 7-20-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic carcinoma right lung	
Due to Carcinoma right breast	
Due to Amputated March 1940	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50

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? 530 (Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Holtzin MD (M. D. or other)
Address Smithton Mo Date signed 1/2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-22-40
Date Filed 8-12-40

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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Stover, Mo.

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

If this body is not embalmed, above space should be left blank.