

7-39
K21492

Registration District No. 294 1940

Primary Registration District No. 4352

Registrar's No. 13

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

1. PLACE OF DEATH:
 (a) County Montgomery.
 (b) City or town Rhineland, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 (Specify whether
 In this community 75-4-0 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Susan Katy Wittman.
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife August Wittman. 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased May 1st-1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 0 hr. min.

9. Birthplace Gerard, Erie Co., Penn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Christ Loutenschlager,
 13. Birthplace Baden, Germany.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sobha Schiflev,
 15. Birthplace Baden, Germany.
 (City, town, or county) (State or foreign country)

16. (a) Informant August Wittman
 (b) Address Rhineland Mo
 17. (a) usual (Burial, cremation, or removal) (b) Date thereof 9-3-40
 (Month) (Day) (Year)
 (c) Place: burial or cremation Rhineland, Mo. Meyer
 18. (a) Signature of funeral director Baron Raiter
 (b) Address Americus, Mo.
 19. (a) 9-2-1940 (Date received local registrar) (b) Thana Lee Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Montgomery
 (c) City or town Rhineland, Mo.
 (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.? XXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
 year 1940 hour 2 minute 30 M.
 21. I hereby certify that I attended the deceased from Jan 1st
1937 to Sept 1, 1940,
 that I last saw her alive on Aug 31, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pleurisy ✓ Duration 4 days

Due to _____
 Due to Hypertension and
Arterio Sclerosis
 Other condition _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
534
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature P. R. Rauschelbacher (M. D. or other) ✓
 Address Rhineland Mo Date signed 9-2-40

110

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 _____

D.B. Baker, Registered Apprentice No. _____

working under my personal supervision.

Signed D.B. Baker

Licensed Embalmer No. 3375

P.O. Address Americus, Mo.

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, above space should be left blank.

2B
4-40
22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32 629**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **594**

Primary Registration District No. **4352**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Rhineband**
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Susan Kate Wittman**

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

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **0** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Sept** day **1** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **acute Pleurisy**

Due to **influenza and cold probably resulting in bacterial pneumonia**

Due to **hypertension and arterio sclerosis**

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

Major findings: Of operations _____

Of autopsy _____

Duration **3 days**

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?

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

23. Signature **O. R. Pauschelback** (M. D. or other) _____
Address **Rhineband Mo.** Date signed **11-30-40**

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

SUPPLEMENTARY

