

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

FILED JUN 13 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17536

Registration District No. 169

Primary Registration District No. 5236

Registrar's No. 20

1. PLACE OF DEATH:  
(a) County Chariton  
(b) City or town Rural Lawrence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton's  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY CHRISTENA Bitter  
(b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5  
year 1941 hour 8 minute 20 A.M.  
21. I hereby certify that I attended the deceased from March 28  
1941 to Apr. 5 1941  
that I last saw her alive on April 5 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_  
Bronchopneumonia

7. Birth date of deceased: Nov. 1 1866  
(Month) (Day) (Year)  
8. AGE: Years 74 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Chariton, Mo. (City, town, or county) (State or foreign country)

Due to Consecutive heart failure + Capillary paresis  
Due to Metabolic insufficiency  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation House Keeper  
11. Industry or business \_\_\_\_\_  
12. Name William Bitter  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Maria Stojan  
15. Birthplace Germany (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
468

16. (a) Informant Ed Bitter  
(b) Address Dalton, Mo.  
17. (a) Quine (b) Date thereof 4/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dalton  
18. (a) Signature of funeral director John A. Meyer  
(b) Address Russwirth, Mo.  
19. (a) 4/6/41 (b) Harry E. Sater  
(Date received by 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? 158  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature John A. Meyer (M.D. or other) D.O.  
Address Dalton, Mo. Date signed 4-5-41

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

60

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 6-12-41

**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 John H. Meyer  
Licensed Embalmer No. 3730  
P. O. Address Brunswick, 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.