S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29620

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3416

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: 3226 Victor St. 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 22 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3226 Victor St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME John Albert Wittenberg
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan Selina Wittenberg
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug (Month) 16 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	29	hr. min.

9. Birthplace Leavenworth (City, town, or county) Kans. 1 (State or foreign country)
10. Usual occupation Retired prop. of general store
11. Industry or business Retail merchant,
FATHER
12. Name Henry Wittenberg 4
13. Birthplace ——— (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Margaret Greif 1
15. Birthplace ——— (City, town, or county) Germany (State or foreign country)
16. (a) Informant Selina Wittenberg
(b) Address 3226 Victor St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.
18. (a) Signature of funeral director E. Clark Regent
(b) Address Raytown Mo.
19. (a) 9-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1942 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from July 1-42
19 to Sept. 15 1942
that I last saw him alive on Sept. 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.
Due to Arterial Sclerosis, History of High Blood,
Due to Pressure for years,
Other conditions none, 940
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none,

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. H. McPheeters (M. D. or other) D.O.
Address 500 Regent Bldg. K.C. Mo. Date signed Sept. 16-42

(Licensed Embalmer's Statement on Reverse Side)

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.....E Clark Hegert.....

Licensed Embalmer No.....3983.....

P. O. Address.....Raytown 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.