

FILED OCT 8 1942

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: University Hospitals  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton  
(c) City or town Salisbury, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1942 hour 6 minute 55 PM.

21. I hereby certify that I attended the deceased from Sept 15 1942 to Sept 23 1942  
that I last saw her alive on Sept. 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis (bil) Duration 9 days  
Perforation of gall bladder 9 days  
Due to Cholecystitis year

Due to \_\_\_\_\_  
Other conditions Uremia 1276 9 days  
(Include pregnancy within 3 months of death)

Major findings: Ruptured gall bladder  
Of operations Bile Peritonitis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Lucille Carmon (M. D. or other) \_\_\_\_\_  
Address Columbia Mo. Date signed 9/23/42

3. (a) PRINT FULL NAME Bittiker, Mrs Barbara  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Mr Simon Bittiker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 15 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Herz, N.Y. (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business HOUSEWORK

12. Name B METZGER  
13. Birthplace GERMANY (State or foreign country) 4

14. Maiden name DONT KNOW  
15. Birthplace DONT KNOW (State or foreign country) 4

16. (a) Informant Mrs Gasphe Metzger  
(b) Address Salisbury, Mo

17. (a) BURIAL (b) Date thereof Sept 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo  
18. (a) Signature of funeral director L. Measel  
(b) Address Brunswick Mo

19. (a) Sept 24 42 (b) Edna H. Basher  
(Date received local registrar) (Registrar's signature)

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

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**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.....

*L. Maessel*

Licensed Embalmer No.....

*823*

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, fact should be so stated above.**