

S. No. 7
OM-5-43
v. 5-17-39
I X36671

41764

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1369

1947
REGISTRATION DISTRICT NO. _____

1000
PRIMARY REGISTRATION DISTRICT NO. _____

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

1. PLACE OF DEATH:
Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 38 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Wittrock
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive, years 17, 1865
7. Birth date of deceased July 17, 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Edward F. Wittrock (Son)
(b) Address 224 W. Hyde Park Ave., City

17. (a) Burial (b) Date thereof 12/15/43
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Plover Ave., City

19. (a) 12-15-43 (b) Rae Hazy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 224 W. Hyde Park
(If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December 12 day 6 hour 15 A. M. year 1943
21. I hereby certify that I attended the deceased from Nov 19/43 to Dec 12/43
that I last saw him alive on Dec 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Bronchial Acute
Due to Influenza.
Due to Ch. Hypertroph. of Prost. G. Mo

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 33a
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 A. R. Limeron (M. D. or other)
Address 434 Dec Ave St. Joseph Mo Date signed 12/14/43

1283

(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 _____

working under my personal supervision.

_____, Registered Apprentice No. _____

Signed:

John E. Rupp

Licensed Embalmer No. *3986*
P. O. Address: *St. Joseph, 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.