

FILED JAN 15 1944

Registration District No. _____

Primary Registration District No. 5569

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Spring, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #9 - 34th. & Blue Ridge Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45
(Specify whether years, months or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town 34th. & Blue Ridge Blvd.
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #9. Box # 215 K.B., Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Foreign No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE L. WITTHAR

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christian W. Witthar 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April 27, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Partner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Kreeger
15. Birthplace Marthasville, Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Nora M. Witthar

(b) Address Kansas City, Mo. R.R. #9 Bx 215

17. (a) Burial (Burial, cremation or removed) (b) Date thereof Nov. 13, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Otto Mitchell (Reg)

(b) Address 310 - N. Main st. Independence

19. (a) 11/13/43 (Date received local registrar) (b) mm P. Lurine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1943 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1943 to Nov 11, 1943 that I last saw her alive on Nov 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Hypertension

Due to _____

Other conditions Diabetes
(include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 61

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) Manner of injury _____

23. Signature George C. See (M. D. or other) 1630 Prof. Bldg Address 1630 Prof. Bldg Date signed 11/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address. Indep, 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.