

FILED JAN 30 1947

Registration District No. 5-2

Primary Registration District No. 5187

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

Cape Girardeau
(a) County
(b) City or town Rural Hubble Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME August Witzel

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Minnie Meyer 6. (c) Age of husband or wife if alive 1860 years
7. Birth date of deceased April 9 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Farm Hand

11. Industry or business

MOTHER FATHER { 12. Name Henry Witzel
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Irene Hanon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Siemers

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 1/24/1947 (Burial, cremation, or removal) (Month) (Day) (Year)
Gordonville Mo.

(c) Place: burial or cremation

18. (c) Signature of funeral director Wilson Stalder Seabaugh

(b) Address Jackson Mo.

19. (a) 1-23-47 (b) D. H. Linton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Cape Gir. 16
(a) State (b) County
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile east Gordonville (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Senility

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 932 Of autopsy _____

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? _____

While at work? (Specify type of place) 3 (e) Means of injury

23. Signature J. F. Symonds Coroner

Address Jackson Mo Date signed 1/23/47

RECEIVED

District Health Officer No. 4

District File Number 147-156

Date Filed 1-29-47

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 *Glenn Wilson*

Licensed Embalmer No. 2828

P. O. Address *Jackson Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.