No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34743

Registrar's No. 4269

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: None 3554 Genessee (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: Four years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3554 Genessee (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM P. WITT

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: Married

6. (b) Name of husband or wife: Katherine Witt

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: October (Month) 19 (Day) 1865 (Year)

8. AGE: Years 81 Months 11 Days 17 If less than one day hr. min.

9. Birthplace: Platte County (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation: Retired Farmer

11. Industry or business: Self

FATHER
12. Name: L. B. Witt
13. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name: Rebecca Bruton
15. Birthplace: Platte County (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant: Mr. Walter S. Witt
(b) Address: 3554 Genessee, K.C. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Buckyrus, Kansas

18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: Kansas City, Kansas

19. (a) 10-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1947 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov., 1946 to Oct. 6, 1947; that I last saw him alive on 9/26/47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalomalacia	
Due to: Arteriosclerosis	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? Means of injury

23. Signature: Edwin C. Carrow (M. D. or other)
Address: 242 Ralph Mid. Bldg. Date signed 10/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Carriet
Plaza Med. Bldg.

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.....Wm L. Ward.....

Licensed Embalmer No.....3991.....

P. O. Address 308 East 68th Ter

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.)

K.C. Mo.

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