DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944
Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 21615

Registrar's No. 268

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1833 Cedar St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 84 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40 1 2
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1833 Cedar St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Reese Witten
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: Cynthia Witten
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July (Month) 15 (Day) 1859 (Year)

8. AGE: Years 84 | Months 10 | Days 25 | If less than one day — hr. — min.

9. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

MOTHER FATHER
12. Name John T. Witten
13. Birthplace Tazewell County (City, town, or county) Virginia (State or foreign country)
14. Maiden name Caroline Thompson
15. Birthplace Tazewell County (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Cynthia Witten
(b) Address Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Grundy, Mo.
18. (a) Signature of funeral director Raymond A Hamm
(b) Address Trenton, Mo.
19. (a) (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 10th, year 1944, hour 5:45, minute PM.

21. I hereby certify that I attended the deceased from April 15, 1944, to June 10, 1944, that I last saw him alive on June 7, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral insufficiency	several yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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) (e) Means of injury

23. Signature J. H. Mullens M.D. (M.D. or other)
Address Trenton Mo. Date signed 6-11-44

1820 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Myself ....., Registered Apprentice No. 8

working under my personal supervision.

Signed Raymond A Adams

Licensed Embalmer No. 3424

P. O. Address Laurel, Md

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.

. No. 2B
I—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July 268

Registration District No. 432 Primary Registration District No. 3021 Registrar's No. 268

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME John R. Witten
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 15 (Day) 1859 (Year)

8. AGE: Years 84 | Months 10 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6-10-44 (Date received local registrar) (b) L. L. Roberts (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1944 hour 4 minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

21615