REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 31786
Registered No. 1039

Registration District No. 85
Primary Registration District No. 100

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. St. Joseph's Hospital. St. Ward)

11 5 7

2. FULL NAME: Ottilie Wigert Franzen 652

(a) Residence, No. 506 South 17th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. – mos. – ds. How long in U. S., if of foreign birth? 53 yrs. – mos. – ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Franzeb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5, 1850.

7. AGE: Years 87 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. F.W. Rudolph 731 S.14th.Str.St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt.Olivet Cemetery St.Joseph, Mo. DATE: Oct.19, 1938

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden and Son 1802 Union Str.St.Joseph,Mo.

20. FILED: Oct 18, 1938 H.H. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Oct 17, 1938. I last saw her alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 7:00 AM

The principal cause of death and related causes of importance were as follows:

Heart disease Arterio sclerosis 1860 18 months

Date of onset

Other contributory causes of importance: Gall Bladder disease 3 months Thickened bowel 3 months

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury Oct 30, 1936
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Fell on steps
Nature of injury: Broken hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John J. Byrne, M. D.
(Address) St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I, Elbert E.Harrington, Licensed Embalmer No. 3258, hereby certify that the body recorded on the reverse side of this Certificate was embalmed by My-self

or by *****, Registered Apprentice No. ***

(Signed) Elbert E. Harrington

Licensed Embalmer No. 3258.

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