

REG'D OCT 27 1938

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

33452
Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 825
(b) Township Montier Primary Registration District No. 6085 Registered No. 13
(c) City Montier (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HELVY OLTMAN 435 67 10 22

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Oltman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1894

7. AGE YEARS 67 MONTHS 10 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farming
10. Date deceased last worked at this occupation (month and year) all his life 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina Kansas

13. NAME Richard Henry Oltman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina Kansas
Germany

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Amos Mercer
Montier Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE buried Montier Mo. DATE Sep 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Dwyer
Mountain View Mo.

20. FILED Sep 20 1938 Mrs. Lyle Bradley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16-1938 to 9-17-1938

I last saw him alive on 9-16-1938 Death is said to have occurred on the date stated above, at 3 A.

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

Cerebral Apoplexy Date of onset _____

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) C. R. Terwill M. D.
City, View 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.

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, _____

Sept 17 1938

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

John F. Amear

Licensed Embalmer No. *2516*

P. O. Address *Mt. View 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33432

Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. P21
 (b) Township Montic Primary Registration District No. 6085
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Henry Altman St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1870

19... to ... 19...
 I last saw h. alive on ... 19... Death is said to have occurred on the day stated above, at ... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 22

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Accident, suicide, or homicide? Date of injury, 19...

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury

20. FILED Sep 20 1938 Mrs. Lyle Bradley Local Registrar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Terrill, M. D.

(Address) Water View

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

S-33452