

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 562

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Jerira, Mo R#2
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jerira, R#2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME ANNA ANGELA OTTO

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug - 19 - 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from March 11, 1940, to March 15, 1940;

that I last saw h. e. r. alive on March 15, 1940; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>29</u>	hr. _____ min.

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

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER

12. Name Henry Schulte

13. Birthplace Germany
(City, town or county) (State or foreign country)

14. Maiden name Mary Sue Hanzgum

15. Birthplace Germany
(City, town or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature A. J. Otto

(b) Address Jerira, Mo. R#2

17. (a) Rural (b) Date thereof Mar-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Autonomy

18. (a) Signature of funeral director E. L. Casey

(b) Address Jerira, Mo.

19. (a) Apr 6 (b) Mr. W. H. Dow Krump
(Date received local registrar) (Registrar's signature)

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 Wm. A. Gould (M. D. or other) _____

Address Jerira Mo. Date signed _____

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

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.

RECEIVED
Miller County Health Dep't
County File Number 40-38
Date Filed 4-9-40

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

Laron Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed

Ch. Boney

Licensed Embalmer No.

9694

P. O. Address

Idria, 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.