

JUN 17 1940

Registration District No. 996

Primary Registration District No. 5552

Registrar's No.

1. PLACE OF DEATH: **JACKSON**

(a) County **JACKSON**

(b) City or town **Missouri River near Sibley**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Ft Osage Twp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 16 days** (Specify whether years, months or days) **MO. River from KC to Sibley**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County

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

(d) Street No. **820 West 7th St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **xx** years.

3. (a) PRINT FULL NAME **August E. Ott.**

3. (b) If veteran, **no** name war.

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 **Mrs. Augusta Ott.**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 15 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 2 ? ?? hr. min.

9. Birthplace **Koenig Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpentry and farming**

11. Industry or business

MOTHER FATHER { 12. Name **Louis Ott.**

13. Birthplace **Gasconade County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Miss Matilde Idel**

15. Birthplace **Gasconade County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Louis Ott (bro)**

(b) Address **Belle Missouri**

17. (a) **Burial** (b) Date thereof **May 28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia Mo.**

18. (a) Signature of funeral director **J. M. Reppert**

(b) Address **Euckner, Jackson CO) Mo.**

19. (a) **May 27 - 1940** (b) **John W. Robertson**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **13**
year **40** hour **—** minute **—** M.

21. I hereby certify that I attended the deceased from **June 19 1940**
that I last saw him **alive on** **June 19 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Died by Drowning**
In Missouri River from KC
to Gates Bend, No. of Sibley
about 1 1/2 miles

Due to **Taken from river 6:30 P.M.**
Other conditions **May 23rd 1940.**
(Include pregnancy within 3 months of death)

Major findings: **—**

Of operations **—**

Of autopsy **See above**

22. If death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) **Drowning**

(b) Date of occurrence **about 10 days ago?**

(c) Where did injury occur? **MO River - Jackson Co**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 P.M.
While at work? **—** (Specify type of place) (e) Means of injury **Drowning**

23. Signature **J. M. Reppert** (M.D. or other) **—**

Address **—** Date signed **5/23/40**

PHYSICIAN **—**

Underline the cause to which death should be charged statistically.

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

Note- This drowned body was found and recovered from the Missouri River at about 6:30 P.M. May 23.1940 at the point known as "Gates Bend" about 1 1/2 miles North of Sibley Mo. in Jackson County. It appeared to have been the water at least ten days. First guess as to age was 55 yrs. to 60 yrs Height about 5ft 7 1/4 inches. Weight about 150 to 155 pounds. Eyes blue. Hair dark brown, with head quite bald. Teeth extracted for false teeth, false teeth not present. No real signs of violence were on the body. Scar the right shin bone from an old ax wound, Scar on belly from an old open Enlarged first joint on left thumb from hammer blow wound received from his carpentry work. Broken left shoulder, not well healed but caloused, broken collar bone injured nicely healed over but leaving a slight ridge These shoulder injuries were identical with the Exray Plates taken two y ago at time of the accident caused by his falling from a high truck bed. Mr. Geich and Mr. Snider of Sedalia identified the general features, jaw skull formation of this man as their neighbor, Mr. August E. Ott of Sedalia. The wife produced the Xray plate the second day and identified the body and verified the injured thumb joint by conversation with three friends the man who had noted it before. His two brothers, Mr. Louis Ott and Albin Ott, both of Belle Missouri, identified the body, the Xray plate, the injured shoulder and collar bone. The underwear, hose and trousers, the coat and tie and pocket comb were also identified as belonging to August E. Ott by the wife and the two neighbors from Sedalia. Inspection of the abdominal cavity showed that an operation had ^{been} performed some years ago to relieve a gall bladder ailment.

D. M. Reppert

This man was first missed from his home May 5th.1940

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, ~~XXXXXX~~

Cavity embalmed and hardening compound type

Registered Anesthetics No.

working under my personal supervision

Signed

D. M. Reppert

Licensed Embalmer No.

2321

P. O. Address

Buckner 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.

FILED FEB 23 1944

Registration District No. 398

Primary Registration District No. 5552

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Missouri River near Sibley, Mo.
(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

3. (a) PRINT FULL NAME Unidentified Floater
 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 _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

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

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
 of _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Death by drowning in Missouri River from K. C. to Gates Bend North of Sibley about 1 1/2 Miles. Taken from river 6:30 P.M. May 23rd, 1940

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

Major findings: Of operations _____
 Of autopsy See above.

Duration _____
 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) Do Not Know
 (b) Date of occurrence about 10 days ago
 (c) Where did injury occur Missouri River Jackson Co., Mo.
(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) (c) Means of injury Drowning.

23. Signature [Signature] _____ (or other) _____
 Address [Address] _____ Date signed _____

SUPPLEMENTARY
FILED FEB 23 1944