

26  
3  
5

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

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(c) Name of hospital or institution:  
620 East McCarty Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 90 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Ott 3AM

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Frederick J. Ott 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased August 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 11 13 hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business \_\_\_\_\_ 6

12. Name Chas Maus 6

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

14. Maiden name Anna Linsenhardt

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

16. (a) Informant Mrs. C. E. Johns

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July--22-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Secalia, Missouri

18. (e) Signature of funeral director W. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 7/20/40 (b) W. J. Gordon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 620 East McCarty Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1940 hour 7 minute 8 P. M.

21. I hereby certify that I attended the deceased from 11-24, 1935, to 7-20, 1940;  
that I last saw her alive on 7-19, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bronchopneumonia 48 hrs.

Due to Chronic Myocarditis 1 yr.

Due to Arteriosclerosis 6 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? 11

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. J. Gordon (M. D. or other) 1

Address Jefferson City, Mo Date signed 7-20-40

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Joseph J. Gordon*

..... Licensed Embalmer No. *1786*

..... P. O. Address *Jefferson City 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.**