

DEC 17 1940
Registration District No. 547

Primary Registration District No. 3029

State File No. _____
Registrar's No. 322

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Narribal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ELIZABETH Hospital
(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) 1

3. (a) PRINT FULL NAME Wilma Marie OTTER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 27 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank OTTER
13. Birthplace Shelby County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Roach
15. Birthplace Marion County MO
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Otter

(b) Address R#3 Palmyra Mo

17. (a) Burial (b) Date thereof Oct. 30 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Cem. Ralls Co. Mo.

18. (a) Signature of funeral director James O. Marshall

(b) Address Narribal Mo

19. (a) Nov 19 40 (b) W. C. Gushaw
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town R#3 Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour _____ minute 7:30 a.m.

21. I hereby certify that I attended the deceased from 10/27-40
to 10/29-40
that I last saw her alive on 10/29-40
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Hemorrhagic Disease
newborn - about 6 hrs

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

Major findings:
Of operations _____
Of autopsy _____

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 J. E. Euteman (M. D. or other) MD
Address Narribal Mo. Date signed 11/10/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

Signed

Michael J. O'Donnell

Licensed Embalmer No. *3246*

P. O. Address

Hannibal 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.