

S. No. 2
 -11-10-39
 v. 5-17-39
 I X 191

JAN 17 1941 460
 Registration District No. _____

Primary Registration District No. 427A

Registrar's No. 64

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

1. PLACE OF DEATH
 (a) County LAFAYETTE
 (b) City or town HIGGINSVILLE 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 12 YEARS (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME GEORGE A OETTING
 3. (b) If veteran; name war ✓
 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, UNMARRIED
 6. (b) Name of husband or wife LILLIE OETTING
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased JUNE 26 1875
 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 2
 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER
 { 12. Name HENRY OETTING
 { 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 { 14. Maiden name CHRISTINA SCHEELE
 { 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant OMAR OETTING
 (b) Address HIGGINSVILLE MO

17. (a) BURIAL (b) Date thereof DEC. 31 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director E.S. JAMES

(b) Address CONCORDIA MO

19. (a) Jan 3-40 (b) Tiffany Webb
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County LAFAYETTE
 (c) City or town HIGGINSVILLE
 (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 DEC day 28
 year 1940 hour 12:30 minute _____ M.

21. I hereby certify that I attended the deceased from DEC. 12
 1940 to DEC 29 1940
 that I last saw him alive on DEC 29 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis Duration 2 yrs
 Due to Secondary Chl. Hypertension 2 yrs

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

Major findings: None
 Of operations _____
 Of autopsy None
 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?
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(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. K. Kappenberg (M. D. or other) MD
 Address Higginsville Mo Date signed Jan 10

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-10-41

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

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia 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.