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3-40  
7-39  
X23153

Registration District No. 826

Primary Registration District No. 6283

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Hurley  
(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 Stone

(c) City or town Hurley  
(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.

3. (a) PRINT FULL NAME John Henry Ottendorf.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th.  
year 1941 hour 12 minute 10AM

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

21. I hereby certify that I attended the deceased from Nov-1938 to January 7, 1941  
that I last saw him alive on January 7, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

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

Sac cause of left paraplegia. 2 yrs.

7. Birth date of deceased Oct. 22, 1918  
(Month) (Day) (Year)

Due to resolved metastasis to head - all of lungs

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

Due to and abdomen.

9. Birthplace Mo. 0  
(City, town, or country) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: \_\_\_\_\_  
Of operations 50

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

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name John Ottendorf

13. Birthplace Mo. 0  
(City, town, or country) (State or foreign country)

14. Maiden name Sarah Jane Lee

15. Birthplace Mo 0  
(City, town, or country) (State or foreign country)

16. (a) Informant Oscar Ottendorf  
(b) Address Billings, Mo. R#17

17. (a) Burlington (b) Date thereof Jan. 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in Marionville, cem

18. (a) Signature of funeral director J.W. Maples  
(b) Address Clemer

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 \_\_\_\_\_

19. (a) 1-10-1941 (b) H. G. Chumner  
(Date received local registrar) (Registrar's signature)

23. Signature G.P. Copello (M. D. or other) G.P.D.  
Address Long, Mo. Date signed 1-8-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 141-130

Date Filed JAN 15 1941

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**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.....

*J. W. Maple*

..... Licensed Embalmer No.....

..... P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**