

no. 2  
-441  
17-30  
X28390

FILED DEC 22 1941

State File No.

Registration District No. 609

Primary Registration District No.

4899 5302B

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural Otterville, Mo. 1st  
(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  
In this community 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural 80  
(If outside city or town limits, write "RURAL")  
(d) Street No. Eastern part of county  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st  
year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from  
19 to 19  
that I last saw h. alive on Nov 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull,  
Fracture 2nd Cervical Vertebrae  
Crushed Chest  
Fracture right Tibia and  
Fibula

Duration

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

Major findings: 170C  
Of operations  
Of autopsy

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) Accident (Auto)  
Dec 1, 1941

(b) Date of occurrence  
(c) Where did injury occur? 2 mi west Otterville  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Hwy 50 & St Hwy 135

While at work? NO (Specify type of place)  
(e) Means of injury  
23. Signature L. J. Meister (M.D. or other)  
Address Boonville Mo Date signed 12-2-41

3. (a) PRINT FULL NAME Fritz Bolte  
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 Married

6. (b) Name of husband or wife Susie 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Jan - 11 - 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 10 20 hr. min.

9. Birthplace Near Smithton Mo 17  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Bolte  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Margie Monseer  
15. Birthplace Near Smithton Pettis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sue Bolte  
(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 12-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Smithton Cemetery

18. (a) Signature of funeral director A. F. Kammigal  
(b) Address Smithton Mo

19. (a) Dec 3 - 1941 (b) Mrs. J. L. Monseer  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 12-9-46

DEC 29 1946

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 A. F. Meyer

Licensed Embalmer No. 3912

P. O. Address Smithton, Pa.

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.