

MAR 9 1942
Registration District No. 399

Primary Registration District No. 1003

Registrar's No. 1008

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo

(c) Name of hospital or institution: Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
In this community 7 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katie Oetting

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 Widowed

6. (b) Name of husband or wife Adolph Oetting 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Oct - 1899
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Jno. Schwedel

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant E. H. Oetting

(b) Address Concordia Mo.

17. (a) Buried (b) Date thereof Feb. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo.

18. (a) Signature of funeral director A. F. Dunsen

(b) Address Concordia Mo

19. (a) 2/26/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Concordia Mo.
(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.? ✓ 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1942 hour 9:38 minute P M.

21. I hereby certify that I attended the deceased from February 22, 1942, to February 26, 1942, that I last saw him alive on February 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to 107

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: 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) _____

(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 Dr. Harberg (by Baecker) (M. D. or other)

Address Trinity Lutheran Hosp Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.