

FILED JUN 28 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. **1850**

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

1. PLACE OF DEATH: **Osage**

(a) County **Osage**

(b) City or town **Meta, Missouri**  
(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 hospital or institution)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **FRANK OTKE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** / 5. Color or race **white**

6. (a) Single, widowed, unmarried, divorced **married**

6. (b) Name of husband or wife **Anna Otke**

6. (c) Age of husband or wife if alive **76**

7. Birth date of deceased **Sept 16 1862**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Aviston Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

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

MOTHER FATHER

12. Name **George Otke**

13. Birthplace **Aviston Ill**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ackmiller**

15. Birthplace **Apple Creek Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Otke**

(b) Address **Meta, Mo**

17. (a) **Burial** (b) Date thereof **3/2/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis #7 Meta Mo**

18. (a) Signature of funeral director **H. H. Strop**

(b) Address **Meta Mo**

19. (a) **3/2/42** (b) **Rose Rowan**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **76**

(a) State **Mo** (b) County **Osage**

(c) City or town **Meta 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. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**  
year **1942** hour **1** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Nov. 18 - 1942** to **Nov. 20 1942**  
that I last saw him alive on **Nov. 19 - 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Stenosis** Duration \_\_\_\_\_  
**Robor Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **104**

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 **O. J. Crider** (M. D. or other) \_\_\_\_\_  
Address **Osage, Mo.** Date signed **3-2-42**

**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.



*H. H. Stoop*  
29124

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

..... P. O. Address *Meta 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, fact should be so stated above.**