

S. No. 2
1-14-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18646

State File No. _____

FILED JUN 22 1942

Registration District No. _____

Primary Registration District No. 5850

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Koeltztown, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 76 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Koeltztown, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizebeth Otto

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 Jos Otto 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb 19, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Bax

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

14. Maiden name Anna Veneka (City, town, or county) (State or foreign country)

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

16. (a) Informant John Otto

(b) Address Koeltztown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Koeltztown, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 5/27/42 (Date received local registrar) (b) Rose Roman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 5 day 24, 1942
year 1942 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from June 6, 1942 to May 24, 1942
that I last saw her alive on May 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Anesthesia Duration 3 hours

Due to Mitral Insufficiency

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 Conrad S. Terhoff (M. D. or other) _____
Address Westphalia, Mo. Date signed 5/25/42

574 (Licensed Embalmer's Statement on Reverse Side)

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

76
0
0

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 Vernon M Marton
Licensed Embalmer No. 4125
P. O. Address Lin

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.