DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41757

Registration District No. 307 Primary Registration District No. 6049 Registrar's No.

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Matson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST CHARLES 42
(c) City or town MATSON (RURAL)
(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.? 0 years.

3. (a) PRINT FULL NAME ARTHUR OTT
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband ~~or wife~~ MARIE OTT
6. (c) Age ~~of husband or~~ wife if alive 42 years
7. Birth date of deceased NOV. (Month) 1 (Day) 1882 (Year)

8. AGE: Years 60 Months 1 Days 3 If less than one day hr. min.

9. Birthplace MATSON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Ott
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mina Langeman
15. Birthplace Saint Louis (City, town, or county) 9 (State or foreign country)
16. (a) Informant's own signature Mrs Arthur Ott
(b) Address Matson Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 7-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ City Cemetery
18. (a) Signature of funeral director Muschy & Shelley
(b) Address Augusta Mo
19. (a) Dec 6 1942 (Date received local registrar) (b) John Clay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year between hour 2 & 5 minute P. M.
21. I hereby certify that I attended the deceased from Coroners to Inquest 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Gun shot wound of	
Due to Heart. (suicide)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no.	

164 C

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) suicide
(b) Date of occurrence Dec 5th
(c) Where did injury occur? Matson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury Gun shot wound of heart
23. Signature A P Erich Schulz (M.D. or other)
Address St Charles Mo. Date signed 4/6/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Rev. 5-17-39 X19511

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.

M. Muschang # 2461
by O. Thielking 3759

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, above space should be left blank.