

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

FILED AUG 6 1943 149
 Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 4 Days
 In this community 52 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
3
8
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4107 Chestnut Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Otto James Ochs, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 486-09-9475

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Myrtle M. Ochs 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased June 13 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Route Carrier

11. Industry or business Kansas City Star

MOTHER FATHER { 12. Name Ochs
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle M. Ochs
 (b) Address 4107 Chestnut Avenue

17. (a) Burial (b) Date thereof July 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11111 Mt. Washington Cemetery

18. (a) Signature of funeral director D. N. Newcomer, Sr.
 (b) Address 1401 Brush Creek Blvd.

19. (a) 7-19-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
 year 1943 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 12
1943 to July 15 1943
 that I last saw him alive on July 15 at 5 P.M. and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus + coronar embolus. Duration 70 M.

Due to Operation for inguinal hernia 3 days

Due to 12202

Other conditions (Include pregnancy within 3 months of death)

Major findings: Recurrent inguinal at. Hernia
 Of operations Pulmonary & Cardiac embolus
 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 Ottoban Hofmann (M. D. or other)
 Address 900 Rialto Bldg Date signed 7-16-43

3-5
900 South Blvd
[Redacted]

[Faint handwritten notes and scribbles]

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.