

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25946

State File No. ....

Registrar's No. 31

FILED AUG 6 1943 16

Registration District No. ....

Primary Registration District No. 6069

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Iron Mountain Iron  
(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.....  
years, months or days)

3. (a) PRINT FULL NAME Joseph Carl Ottman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Ottman 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 19 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 3 If less than one day  
.....hr. ....min.

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

10. Usual occupation laborer

11. Industry or business.....

MOTHER FATHER

12. Name Adam Ottman

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

14. Maiden name Adeline Karcher

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

16. (a) Informant Mrs. Mattie Ottman  
(b) Address Iron Mountain, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 25, 43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director James Whit Ely

(b) Address Ironton, Mo.

19. (a) July 29-1943 (b) Byrdie Buhmester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Iron Mountain  
(If outside city or town limits, write "RURAL.")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 9  
1943 to July 19 1943  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
was dead on arrival

Due to Cerebral Hemorrhage

Due to arterio Sclerosis

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
Jza!

Duration

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 James W. Shuffner (M. D. or other)

Address Bismarck Mo Date signed 7/29/43

RECEIVED

District Health Officer No. 4  
District File Number 843-2480  
Date Filed 8-5-43

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 *Lyth A. White*

Licensed Embalmer No. 4295

P. O. Address *Proctor, 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.