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A-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27929

State File No. _____

FILED SEP 9 1943

Registration District No. _____

Primary Registration District No. 4097

Registrar's No. 151

1. PLACE OF DEATH: *Cass*

(a) County *Harrisonville*

(b) City or town *Harrisonville*
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: *Harrisonville Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *1 yr 8 mo*
(Specify whether)

In this community *35 yrs*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Cass* ¹⁹

(c) City or town *Harrisonville* ⁰
(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 *BETTIE ANN OTT*

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 *Married*

6. (b) Name of husband or wife *Wm R. Ott*

6. (c) Age of husband or wife if alive *56* years

7. Birth date of deceased: *Mar 19 1865*
(Month) (Day) (Year)

8. AGE: Years *78* Months *5* Days *5*
If less than one day hr min

9. Birthplace: *Jackson Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Home-maker*

11. Industry or business _____

MOTHER FATHER { 12. Name *Jams F Erwin* *Mo*

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

14. Maiden name *Judy Harris*

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

16. (a) Informant *Ernest Ott* *Mo*

(b) Address *Harrisonville*

17. (a) *Burial* (b) Date thereof *Aug. 26 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Fireman*

18. (a) Signature of funeral director *RUNNENBURGER'S*

(b) Address *HARRISONVILLE, MO.*

19. (a) *Aug. 25, 1943* (b) *Margaret Belle*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *24* 1943
year *3* hour *35* minute *A* M.

21. I hereby certify that I attended the deceased from *June 8*, 19*42*, to *Aug 24*, 19*43*
and that I last saw her alive on *Aug 23*, 19*43*
and that death occurred on the date and hour stated above.

Immediate cause of death: *Apoplexy - Congestive*

Due to *Arterial Hypertension*
Chor. Myocarditis

Due to _____

Other conditions *acute Bronchitis*
(include pregnancy within 3 months of death)

Major findings: Of operations *93d*

Of autopsy _____

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) _____

23. Signature *L. J. Long* (M. D. or other) *0*

Address *Harrisonville, Mo* Date signed *8/26/43*

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

19
1
0

78

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

Ernest Rummelberger

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 9

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.