

5. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41201

State File No.

5378

Registration District No.

Primary Registration District No.

Registrar's No.

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 59 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMIL OETKEN

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth Oetken 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased January 25 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 22 If less than one day .hr. .min.

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

10. Usual occupation Retired Baker

11. Industry or business

12. Name Frederick Oetken

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

14. Maiden name No record

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

16. (a) Informant Mrs. Elizabeth Oetken

(b) Address 2909 Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. M. Wagner  
(b) Address Kansas City, Mo.

19. (a) 12-18-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2909 Main Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th  
year 1943 hour 7: minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-17-43 to 12-17-43  
that I last saw her alive on 12-17-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, severe arteriosclerosis, senile  
Due to Enlarged Prostate  
Due to Senile

Other conditions (include pregnancy within 3 months of death) 93a

Major findings: Of operations   
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0  
23. Signature T. E. Brown (M. D. or other)  
Address 206 Ogden Date signed 12-18-43

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

41-9878  
Allyle

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.