

FILED FEB 17 1944

Registration District No. 92

Primary Registration District No. 5333

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Rural, Grant Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether  
In this community 39 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Rural, Grant Township Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Marie 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 Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: September 18 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 33 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

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

16. (a) Informant: Bertha Kollmeyer  
(b) Address: Lockwood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 11-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Lockwood Cemetery

18. (a) Signature of funeral director: R. H. Hamerchild  
(b) Address: Lockwood, Missouri

19. (a) Jan 10, 1944 (Date received local registrar) (b) Bernice M. Coice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17th 1944  
year 1944 hour 6:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from September 26th 1944 to January 7, 1944  
that I last saw her alive on January 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis

Due to: Hypertension

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

Major findings: Of operations: 93d

Of autopsy \_\_\_\_\_

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: Rudolf Kuepp (M. D. or other) Address: Garden City Mo. Date signed: 1/10/44

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

29  
0  
0

RECEIVED

District Health Officer

District File No. 244-232

Date Filed FEB 15 1944

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. L. Hanselich

Licensed Embalmer No. 3234

P. O. Address Lockwood Me

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.