

FILED APR 7 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3020

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY. (Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: GASCONADE

(a) State MISSOURI (b) County ~~Franklin~~ 37

(c) City or town OWENSVILLE 2  
(If outside city or town limits, write "RURAL") 0

(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 JOHN FRANCIS Wotipka

3. (b) If veteran, name war \_\_\_\_\_ ✓

3. (c) Social Security No. \_\_\_\_\_ ✓

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

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

7. Birth date of deceased: FEB. 4 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace OWENSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

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

MOTHER FATHER { 12. Name John Wotipka

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

14. Maiden name Laurentia Wieberg

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

16. (a) Informant Laurentia Wotipka

(b) Address Owensville, Mo

17. (a) BURIAL (b) Date thereof MARCH 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville MO

18. (a) Signature of funeral director W.F. Gattmestrater

(b) Address Owensville Mo

19. (a) 3/22/44 (b) Lucille Ruetten Brook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1944 hour 2 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 21  
1944, to March 22, 1944  
and that I last saw him alive on March 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

108

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 \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature J. J. [unclear] (M. D. or other) \_\_\_\_\_

Address Washington Mo Date signed 3/22/44

1151

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

36  
6  
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

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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 me.....

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

Signed W.F. Gettenstroter.....

Licensed Embalmer No. 1444.....

P. O. Address Owensville 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.**