

FILED MAY 9 1944
Registration District No. **1228**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 12 hours
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL.")

(d) Street No. 430 Mt. Vernon
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Otterson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife George B. Otterson

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

7. Birth date of deceased Aug. 15, 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th,
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from April 13 1944 to April 24 1944
that I last saw her alive on April 23 1944
and that death occurred on the date and hour stated above.
Immediate cause of death cataract
meninges

8. AGE: Years Months Days If less than one day

84 8 9 hr. _____ min.

Due to Flu

Due to 33a

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Vernon County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER

12. Name Morgan Oglesby

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

14. Maiden name Sara Taylor

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

16. (a) Informant George B. Otterson

(b) Address Springfield, Missouri

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof April 24, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Oklahoma

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 4-24-44 (Date received local registrar)

(b) S. W. Hurdley (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 C. E. Collins (M. D. or other)

Address Springfield, Mo. Date signed 4/24/44

484

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..... *Lewis G. Gierke*
Licensed Embalmer No. *3802*
P. O. Address *Springfield, 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.

X