

FILED MAY 15 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME JOSEPH ARNOLD HOTTINGER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Reifstahl 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 24 hr. _____ min.

9. Birthplace X Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd.

11. Industry or business

MOTHER FATHER { 12. Name Arnold Hottinger
13. Birthplace X Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Glover
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Poindexter

(b) Address Route #1, Carthage, Missouri

17. (a) Burial (b) Date thereof 4-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) April 28 44 (b) E. Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Madison
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27,
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from April 20, 1944, to 4-27, 1944.
that I last saw him alive on 4-27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Diabetes
Due to Sequence of Left Heart Failure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
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)
(d) Means of injury _____
23. Signature E. Elizabeth Cooper (M. D. _____)
Address Carthage, Mo. Date signed 4-28-44

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

44-4-350

1263

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 Ed Miller

Licensed Embalmer No. 2332

P. O. Address Carthage

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.