

Filed **DEC 18 1944**

Primary Registration District No. **4066**

Registrar's No. **64**

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

1. PLACE OF DEATH:

(a) County **Caldwell**
(b) City or town **Kingston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell** / **3**
(c) City or town **Kingston** (If outside city or town limits, write "RURAL") **0**
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Franklin Marion Otto**

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

4. Sex **m** 0 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Della M. Otto** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **October 4 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **21** If less than one day
hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **A. D. Otto**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Marian Bowman**
15. Birthplace **Greensburg Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Della M. Otto**
(b) Address **Kingston, Missouri**

17. (a) **Burial** (b) Date thereof **86 28 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kingston Cemetery**

18. (a) Signature of funeral director **Cramer Clark**
(b) Address **Kingston, Missouri**

19. (a) **Nov 14 44** (b) **Corrine Yarnall**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**
year **1944** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 10 1930** to **Aug 25 1944**
and that death occurred on the date and hour stated above. **Aug 24 1944**

Immediate cause of death **Hemorrhage**
Due to **Carcinoma of Lung** **3 yrs**

Other conditions **472**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Lung, Lung removed**
Of autopsy 2 yrs ago

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?

(Specify type of place) While at work? (c) Means of injury **0**
23. Signature **Chas Wilson M.D.** (M.D. or other)
Address **Polo, Missouri** Date signed **8-26-44**

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..... *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address. KINGSTON, 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.