

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3522 Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3522 Euclid
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED ALBERT OTT

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1945 hour 1 minute 30 P. M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Ora 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: March 30, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10, 1944 to Feb 4, 1945
that I last saw him alive on Feb 4, 1945
and that death occurred on the date and hour stated above.

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

79 10 4 hr. _____ min.

Immediate cause of death: Acute heart dilatation

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

Due to _____

Due to Arteriosclerosis

10. Usual occupation: Brick Mason

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

11. Industry or business: Contracting Supt.

12. Name: Fred Ott

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

14. Maiden name: Unknown

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

Major findings: SW 950

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Ora Ott

(b) Address: 3522 Euclid

17. (a) Burial (b) Date thereof: 2/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(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? _____

18. (a) Signature of funeral director: C. H. Blackman & Son,

(b) Address: Kansas City, Mo.

19. (a) 2-5-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Inc. _____
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature: James J. [Signature] (M. D. or other) _____
Address: 41013 [Address] Date signed: 2/5/45

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 W.D. Blackman
Licensed Embalmer No. 3639
P. O. Address R. C. 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.