S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

~~No. 38~~ State File No. 30016

FILED SEP 21 1945

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 199

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 E. Scott /
(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 Adair /
(c) City or town Kirksville ?
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. Scott ?
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Otto Wallace
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter B. Otto
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 20, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	2	hr. min.

9. Birthplace Livingston County Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business Ready-to-wear
FATHER 12. Name Henry Setters
FATHER 13. Birthplace D K. 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Zeblan Smith
MOTHER 15. Birthplace D K 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Karl Otto
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemt.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) 9-4-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 1940 Jan. 1940 to July 23 1945 that I last saw him alive on July 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage.	3 mo.
Due to Arteriosclerosis + hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 —
(c) Where did injury occur? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature Spencer L. Freeman M.D. or other
Address Kirksville, Mo. Date signed 7/27/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1458
Date Filed SEP 19 1945

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 Bowden Beaty

Licensed Embalmer No. 4379

P. O. Address Kirksville, 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.