

No. 2  
-5-43  
5-17-39  
I X36671

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38113**  
Registrar's No. \_\_\_\_\_

**FILED** DEC 27 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5885-4389**

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

**1. PLACE OF DEATH:**

(a) County **Osage**

(b) City or town **Linn, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**At Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **64 years**  
(Specify whether years, months or days)

In this community **Same**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **John J. Otto**

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

**4. Sex** **Male** **0** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Agnes Huesgen** **6. (c) Age of husband or wife if alive** **65** years

**7. Birth date of deceased** **May 1st, 1881**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>64</b>	<b>6</b>	<b>18</b>	hr. min.

**9. Birthplace** **Linn, Mo.** **0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Frank Otto**

**13. Birthplace** **Germany** **4**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Christine Wingrath**

**15. Birthplace** **Germany** **4**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Leona Otto**

**(b) Address** **Linn, Mo.**

**17. (a) Burial** **(b) Date thereof** **11/23/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Linn, Mo.**

**18. (a) Signature of funeral director** **Clyde Morton**

**(b) Address** **Box 144, Linn, Mo.**

**19. (a) Nov. 23-45** **(b) TAD BRAMMELT**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Osage** **76**

(c) City or town **Linn, Mo.** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION** **19th,**  
**20th,**

**20. DATE OF DEATH:** Month **November** day **20th,**  
year **1945** hour **5** minute **40** P.M.

**21. I hereby certify that I attended the deceased from** **7-15-45**, 19\_\_\_\_ to **11-19-** 19\_\_\_\_  
that I last saw him alive on **11-17-** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration \_\_\_\_\_

Due to **Chronic Mitral Stenosis**  
**Acute Regurgitation**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_ **926**  
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? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (g) Means of injury \_\_\_\_\_

**23. Signature** **Howard W. Baldwin** **DO** (M.D. or other)  
Address **Linn, Mo.** Date signed **11-21-45**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-6-45

DEC 10 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 Victor Briesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.