S. No. 2
M—8-43
7. 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

2535

FILED JAN 28 1946

State File No. .....

Registration District No. 87 Primary Registration District No. 4150 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: 1 Sex

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford 28

(c) City or town Bourbon "RURAL" 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Wilhelmina Ott Waidmann

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 2 — 10 — 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife 1

11. Industry or business .....

FATHER
12. Name Carl Ott
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Waidmann
(b) Address Bourbon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-45
(Month) (Day) (Year)
(c) Place: burial or cremation Jason Cem

18. (a) Signature of funeral director E E Long
(b) Address Bourbon Mo

19. (a) 11-4-45 (Date received local registrar) (b) E E Long (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1945 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma	
Due to Liver & Stomach	
Due to Primary of Liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 46 B

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? ..... (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? ..... (e) Means of injury .....

23. Signature R. L. Royce (M. D. or other)
Address Sullivan Mo Date signed 11/3/45

(Licensed Embalmer's Statement on Reverse Side)

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. Elbert E Long

Licensed Embalmer No. 3504

P. O. Address Bourbon 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.