

No. 2
M-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16105
State File No. _____
Registrar's No. 118

Registration District No. 99 Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Coale
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 1/2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Coalgate
(c) City or town Freeburg, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY OTTEN

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 17 year 1946 hour 10 6 minute 35 PM

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert H. Otten 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased (Month) 1 (Day) 31 (Year) 1882

21. I hereby certify that I attended the deceased from May 14 1946 to May 17 1946
that I last saw him alive on May 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myeloblastoma leukemia Duration _____

8. AGE: Years 64 Months 3 Days 16 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Peter Gelvin
13. Birthplace Linn Mo (City, town, or county) (State or foreign country)
14. Maiden name Maragret Luebbert
15. Birthplace Freephalia Mo (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
7/16

16. (a) Informant George Otten
(b) Address Freeburg Mo

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg Mo

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Clyde J. Maston
(b) Address Linn Mo

23. Signature Dean C. Taylor M. D. or other _____
Address Jefferson City Date signed 5-17-46

19. (a) 5-18-46 (Date received local registrar) (b) R. B. Durri (Registrar's signature)

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

6
5
4

1
2
3
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-23-46

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Sum

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.