

FILED AUG 20 1946

Registration District No. ....

Primary Registration District No. 5108

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Cole Camp Williamstownship  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 69 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs Maria M Otten

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Otten 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September 2nd 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 22 If less than one day  
hr. min.

9. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Bahrenberg

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

14. Maiden name Maria Meier

15. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs P H Bockelman

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof July 27 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Lutheran Cem.

18. (a) Signature of funeral director E. G. Eickhoff

(b) Address Cole Camp Mo

19. (a) Aug. 3 1946 (b) Pauline Adams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Cole Camp Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. South City Limit  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-18 1946 to 7-24 1946  
that I last saw her alive on 7-24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic pneumonia

Due to Essential Hypertension

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

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?

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

23. Signature G. W. Moulton (M. D. or other) Do  
Address..... Date signed 7/24/46

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District No. \_\_\_\_\_ 7-46-826  
Date Filed \_\_\_\_\_ 8-14-46

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**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 E. L. Eichenhoff  
Licensed Embalmer No. 730  
P. O. Address Cole Camp 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.**