

S. No. 2
1-8-43
5-17-39
PI 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

State File No. 26986

FILED AUG 22 1946
Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 27

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town WILLOW SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 61 years (years, months or days)

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

3. (a) PRINT FULL NAME LONAS CALVIN OTTINGER
3. (b) If veteran, name war None
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1946 hour 2 minute P M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura E. Pittsler Ottinger
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 9, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 29, 1946, to June 11, 1946
that I last saw him alive on June 11, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 2 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death Heart enlarged
Due to chronic prostatitis

9. Birthplace Coke County Tennessee
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 950
Of operations _____
Of autopsy _____

10. Usual occupation Farmer
11. Industry or business _____
12. Name Don't know
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Horace Ottinger
(b) Address Willow Springs, Mo.
17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mease Cemetery
18. (a) Signature of funeral director J. Burns
(b) Address Willow Springs, Mo.
19. (a) July 30, 46 (b) J. M. Miller
(If received local registrar) (Registrar's signature)

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 0
23. Signature J. J. Chenoweth (M. D. or other)
Address Willow Springs, Mo. Date signed June 13

127 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 846481

Date Filed 8-20-46

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 Thomas R. Burns

Licensed Embalmer No. 4714

P. O. Address Willow Springs, Ill.

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.