

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 31 1946**  
Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41596  
Registrar's No. 467

Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton  
(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 1 year (Specify whether years, months or days)  
In this community 1 year

3. (a) PRINT FULL NAME TILLIE, DEMAND, OTT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Chas Ott 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased May - 1 - 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Lake Creek Community Pettis Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife and

11. Industry or business Matron of Nurses

12. Name Herman and Demand

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

14. Maiden name Mary Holtkamp

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

16. (a) Informant Ray Ziegen

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 12-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director U. F. Henniger

(b) Address Smithton Mo

19. (a) 12-20-46 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State Missouri (b) County Pettis  
(c) City or town Smithton (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 /

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 Month Dec day 12 year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from June 12 to Dec 11, 1946, that I last saw her alive on Dec 11, 1946, and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Int Nephritis Duration /

Due to Senility

Due to /

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131A

Of autopsy /

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) (a) Means of injury m.d.

23. Signature U. F. Henniger (M. D. or other) m.d.

Address Smithton Mo Date signed 12/13/46

251 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 12-28-46

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.....

Licensed Embalmer No. 3912

P. O. Address.....

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.