

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **616**
Registrar's No. **2**

Registration District No. **77**

Primary Registration District No. **5303**

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

1. PLACE OF DEATH:
(a) County. **Cole**
(b) City or town. **Rural Nearer Cole Junction, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nearer Cole Junction, Mo. R. of way Mo. Pac
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3** (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Missouri** (b) County. **Cole**
(c) City or town. **Jefferson City, Mo. RFD#**
(If outside city or town limits, write "RURAL")
(d) Street No. **Near Cole Junction, Mo.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT NAME **Herman George Ott**
FULL NAME
(b) If veteran, name war **no**
(c) Social Security No. **no**

20. DATE OF DEATH: Month **1** day **2**
year **1947** hour **1** minute **50 P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Lola**
(c) Age of husband or wife if alive **70** years

21. I hereby certify that I attended the deceased from **Dead**, 19 **to when viewed**, 19 **1947**
that I last saw him alive on _____, 19 _____
and that death occurred on the date and hour stated above.

7. Birth date of deceased. **Brazito, Mo. March 1 1876**
(Month) (Day) (Year)

Immediate cause of death. **Crushed Skull**
Broken Body
Internal injuries

8. AGE: Years **71** Months **10** Days **1**
If less than one day hr. _____ min. _____
9. Birthplace. **Brazito, Mo. Cole Co.**
(City, town, or county) (State or foreign country)

Due to **hit by Mo. Pac. train**
while crossing track
Due **Near Cole Junction in**
Cole Co. Mo.

10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **Leonard Ott**
13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Schmidt**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Herman Ott**
(b) Address **Jefferson City, Mo. RRD#**
17. (a) **Burial** (b) Date thereof **1/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Riverview Cemetery**
18. (a) Signature of funeral director **Victor Buescher**
(b) Address **Jefferson City, Mo. R. P. No.**
19. (a) **1-4-47** (b) **R. P. Norris MD**
(Date received local registrar) (Registrar's signature)

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

(Licensed Embalmer's Statement on Reverse Side) **Truck Involved**

Date Filed JAN 8 1947
District File Number

District Health Officer No. 9,
RECEIVED

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.