S. No. 2
M—8-43
5-17-39
I X37823

3-27-47

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

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. 618

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole Cole Jct. Mo.
(b) City or town ~~Rural Jefferson City, Mo.~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. PAC. Right of Way
Nearest ~~Cole Junction~~ Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 627 Georgia St. 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Leonard Jefferson Ott

3. (b) If veteran, name war World war 2
3. (c) Social Security No. 486-T2-4151

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elno Herren
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. 2, 1914 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	10	0	..... hr. ..... min.

9. Birthplace Jefferson City, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business .....

FATHER
12. Name Herman Ott 0
13. Birthplace Brazito, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lola Messer 0
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leonard Ott
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 1-4-47 (Date received local registrar) (b) R. P. Harris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 2
year 1947 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Dead, 19..., to When Viewed 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Crushed Skull Broken body Internal injuries	
Due to Hit by Mo. Pac train while Crossing track	
Due to Near Cole Junction in Cole Co., Mo.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 17 06 8 23	
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) Accident
(b) Date of occurrence 1-2-47
(c) Where did injury occur? Cole Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private R R Crossing 2
(Specify type of place)
While at work? Yes (e) Means of injury Train
23. Signature J. F. Leslie Coroner (M. D. or other)
Address Jefferson City, Mo. Date signed 1-3-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 1947

MAR 26 1947
FEB 20 1947
MAR 27 1947

JUL 14 1953

APR 23 1953

SEP 22 1953

VS JUN 1959

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 Bieschu

Licensed Embalmer No. 3701

P. O. Address J C 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.