No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33755

Primary Registration District No. 1000

Registrar's No. 1304

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 54 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1402 Main Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Henry Ott
3. (b) If veteran, name war None
3. (c) Social Security No. 491-10-0037
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Ott
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November (Month) 26 (Day) 1875 (Year)

8. AGE: Years 71 Months 11 Days 3 If less than one day hr. min.

9. Birthplace York (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Western Tablet Co.

FATHER
12. Name Dr. Charles Ott
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisa Horstman
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Walter E. Ott
(b) Address 1402 Main St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 11-4-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 28 1947 to Oct 29 1947 that I last saw him alive on Oct 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Bilateral
Due to arteriosclerosis, general
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy refused

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis G. Neudorff M.D. (M. D. or other)
Address 825 Charles St. Date signed 10/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

DEC 8 1947

JUL 31 1956

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.