S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11859

Registration District No. 6 Primary Registration District No. 5272 Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Rural - Polk
(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) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Christian 22 0
(c) City or town: rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R #1 - Billings
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) N
If yes, name country:

3. (a) PRINT FULL NAME: Herman E. Oetker
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mollie Oetker
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 23 (Day) 1886 (Year)
8. AGE: Years 61 Months 8 Days 10 If less than one day hr. min.
9. Birthplace: Christian (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: H. H. Oetker
13. Birthplace: Mo 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Susana Yeager
15. Birthplace: Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mollie Oetker
(b) Address: Billings - Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Mar. 5 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Evangelical Cem.
18. (a) Signature of funeral director: J. W. Maples
(b) Address: Clever - Mo
19. (a) Mar. 5, 1948 (Date received local registrar) (b) Aline Dreis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3 year 1948 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from January 1948 to March 3 1948 that I last saw him alive on March 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	18 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 51B	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: A. P. Gotts M.D. (M. D. or other)
Address: Marionville, Mo. Date signed 3-3-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 448-463
Date Filed APR 21 1940

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever · 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.