No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19196
Primary Registration District No. 2000
Registrar's No. 485

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Spring Field (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2218 West WALNUT (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)
In this community: 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Greene 39
(c) City or town: Spring Field (If outside city or town limits, write "RURAL") 2
(d) Street No. 2218 West WALNUT (If rural, give location) 6
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country: NO

3. (a) PRINT FULL NAME: ALOYSIUS JOHN OTT SR.
3. (b) If veteran, name war: UNKNOWN
3. (c) Social Security No.: UNKNOWN
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED 1
6. (b) Name of husband or wife: STELLA B. OTT
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: MAY (Month) 21, (Day) 1886 (Year)
8. AGE: 62 years; Months: 0; Days: 17; If less than one day: hr. min.
9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: BARBER
11. Industry or business:
MOTHER FATHER
12. Name: Theodore OTT
13. Birthplace: GERMANY (City, town, or county) (State or foreign country) 4
14. Maiden name: ELIZABETH BOWER
15. Birthplace: CANADA (City, town, or county) (State or foreign country) 2
16. (a) Informant: LOUIS J. OTT
(b) Address: SPRING FIELD, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENLAWN
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: SPRING FIELD, MISSOURI
19. (a) 6-11-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) ACS

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: June day: 8 year: 1948 hour: 4:-AM-8:00 AM minute: M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 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: Gun Shot	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): Criminal Homicide or Suicide
(b) Date of occurrence: 6/8/48
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home
While at work? no (Specify type of place) (e) Means of injury: Gun shot
23. Signature: Clyde D. Abbott (M. D. or other)
Address: 2191 E. Walnut Springfield Mo Coroner Greene Co. Date signed: 6-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1948

JUN 30 1948

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 William R. Goodwin Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.

No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 485

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Aloysius Jett
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 27 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 6-11-48 (Date received local registrar) (b) N. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-1919b