

FILED JAN 25 1940

403

Registration District No. **4238**

Registrar's No.

18

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Raytown Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
58th + James + Reed Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community about 1.5 yrs.
years, months or days) I

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Raytown Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 58th + James + Reed Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1940 hour 9:50 minute 57 M.
21. I hereby certify that I attended the deceased from Nov 4
1940, 19 to Nov 11, 1940
that I last saw him alive on Nov 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
regeneration with

Duration

7 da

Due to Coronary Pollicularis 2 mo

Due to _____

Other conditions (include pregnancy within 3 months of death) A2C

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? _____

While at work _____ (Specify type of place) (d) Means of injury _____

23. Signature J. H. Haffner (M. D. or other) _____
Address Raytown Mo Date signed _____

3. (a) PRINT FULL NAME Guido F. Otto

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kamelt Otto 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 21 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>20</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Real Estate man

11. Industry or business

12. Name Adolph Otto

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name E. Tachenberg

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elison H. Otto

(b) Address 58th + James + Reed Rd Raytown Mo

17. (a) Burial (b) Date thereof Nov 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem & C. Mo.

18. (a) Signature of funeral director Elmer H. Heger

(b) Address Raytown Mo 315

19. (a) 12-6-40 (b) DMelbanks
(Date received local registrar) (Registrar's signature)

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..... *Ed Clark Hegert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, Missouri*

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, above space should be left blank.