

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9807

State File No. _____

1216

Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3241 Wabash Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One week
31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
Kansas City
 (c) City or town 8
(If outside city or town limits, write "RURAL")
 (d) Street No. 3610 East 26th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wilbur S. COTTO

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Martha OTTO 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 5th, 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Barber

11. Industry or business _____

MOTHER FATHER {
 12. Name Albert Otto
 13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Montgomery
 15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur P. Otto, Son,

(b) Address 3610 East 26th, K. C. Mo.

17. (a) Burial (b) Date thereof 3/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 3/25/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1940, to March 23, 1941
that I last saw him alive on March 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage -2 3 mths
Duration

Due to Arteriosclerosis

Due to Senility

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy none
 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)
(e) Means of injury 2

23. Signature J. A. Murren (M. D. or other) 100.
Address 116 W 47 St Date signed 3/24-41

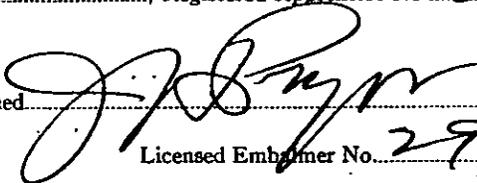
STATEMENT BY LICENSED EMBALMER

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. 267

..... working under my personal supervision.

Signed.....


..... Licensed Embalmer No. 2999

..... P. O. Address KC

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.