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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25041

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 68

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 303 Cedar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 73 yrs. - 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 303 Cedar St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME GEORGE HENRY OTTO
3. (b) If veteran, name war none
3. (c) Social Security No. 489-18-2417
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Kuechens Otto
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March (Month) 1 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Furniture & Caskets
FATHER
12. Name William Henry Otto
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Catherine Baumann
15. Birthplace Biederfelt (City, town, or county) Germany (State or foreign country)
16. (a) Informant H. A. Otto
(b) Address Washington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo.
18. (a) Signature of funeral director Otto & Co.
(b) Address Washington Mo.
19. (a) July 17-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from May 14, 1941, to July 16, 1941; that I last saw him alive on July 16, 1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Artery sclerosis	Unknown
Myocarditis	"
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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 Frank L. Mays (M. D. or other) M.D.
Address Washington, Mo. Date signed 7/17/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1943

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.