

Registration District No. 21

Primary Registration District No. 5-300

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Otterville - Rural  
(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 \_\_\_\_\_  
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Postalwait

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 Married

6. (b) Name of husband or wife Hattie S. Postalwait 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 23 - 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 28 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Columbus Grove, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Jarvis Postalwait

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

14. Maiden name Jane Kidd

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

16. (a) Informant Mrs. Joe Postalwait

(b) Address Otterville, Mo

17. (a) Burial (b) Date thereof 8-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo

18. (a) Signature of funeral director F. F. Parker

(b) Address Otterville, Mo

19. (a) Sept. 1940 (b) Robert Fogle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Otterville - Rural  
(If outside city or town limit write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
year 1941 hour 7 minute PM

21. I hereby certify that I attended the deceased from Aug 17, 1941, to Aug 20, 1941;  
that I last saw him alive on Aug 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-phlebitis

Due to chronic myocarditis and hemorrhage in brain

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 938  
Of autopsy \_\_\_\_\_

Duration

6 days

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) (c) Means of injury \_\_\_\_\_

23. Signature Robert Fogle (M. D. or other) \_\_\_\_\_  
Address Otterville Mo Date signed 9/21/41

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

MOTHER, FATHER

DISTRICT HEALTH OFFICER

Special Agent, Bureau of the Census,

HIGGINSVILLE, MISSOURI

11-24-41

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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville 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, above space should be left blank.