

FILED JAN 11 1943

Registration District No. _____

Primary Registration District No. 4063

State File No. _____

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hamilton (Specify whether)

In this community 15 yrs (years, months or days)

3. (a) PRINT FULL NAME CONRAD OTTINGER

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 Helma Ottinger 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct 27 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Detective

11. Industry or business _____

12. Name Valentine Ottinger

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

14. Maiden name _____

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

16. (a) Informant Mrs Helma Ottinger

(b) Address Hamilton Mo.

17. (a) Burial (b) Date thereof Dec 28 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Hamilton

18. (a) Signature of funeral director Morris Brown

(b) Address Hamilton Mo.

19. (a) Dec 28 '42 (b) Clara Breuter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Hamilton (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1942 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 1942 to Dec 25 1942; that I last saw him alive on Dec 11 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of heart and valve insufficiency

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) Edema of legs and body

Major findings: Of operations 950

Of autopsy _____

Duration

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) (a) Means of injury _____

23. Signature J. J. Bada (M. D. or other)

Address Hamilton Mo Date signed 12-28-42

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

1160

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Morris A. Brown

Licensed Embalmer No. 37

P. O. Address Hamilton

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.