

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1115 Moreau Drive  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 76 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1115 Moreau Drive  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME: Louis L. Ott

3. (b) If veteran, name war:

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-9 day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 5-22-1943 to Jan 8 1946  
that I last saw him alive on 1-4-46 and that death occurred on the date and hour stated above.

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (c) Age of husband or wife if alive: 69 years  
7. Birth date of deceased: August 27 1869  
(Month) (Day) (Year)

Immediate cause of death: Cardiac decompensation  
Due to: cardiac renal disease

8. AGE: Years 76 Months 4 Days 12  
If less than one day hr. min.

Due to: cardiac renal disease

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

10. Usual occupation: Lumber Dealer

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

Major findings: Of operations: 1316

11. Industry or business:

12. Name: Phillip Ott  
13. Birthplace: Germany  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Wippenbeck  
15. Birthplace: Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Elmer Ott  
(b) Address: Jefferson City, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

17. (a) Burial (Burial, cremation, or removal):  
(b) Date thereof: Jan-11-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: River View Cemetery

(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:

18. (a) Signature of funeral director: W. P. Gordon  
(b) Address: Jefferson City, Missouri

19. (a) 1-15-46 (Date received local registrar)  
(b) R. P. Davis M.D. (Registrar's signature)

23. Signature: W. O. McNelly (M. D. or other)  
Address: Jefferson City, Mo. Date signed: 1-11-46

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

477

230 / 24 194

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 1-18-46

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 Joseph Carson  
Licensed Embalmer No. 1786  
P. O. Address Jefferson City 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, fact should be so stated above.