

**FILED MAR 7 1946**

Registration District No. 26

Primary Registration District No. 5302

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

**1. PLACE OF DEATH:**

(a) County Cole  
 (b) City or town Henley, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Warrenton  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME William John Ott

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 Wilhelmiena Ott 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 23 1873  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole County near Brazito  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name George Ott

13. Birthplace St. Louis, Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Rosetta Beck

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

16. (a) Informant Ernest Ott

(b) Address Lohman, Mo

17. (a) Burial (b) Date thereof 2-26-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honeycreek Cemetery

18. (a) Signature of funeral director Schubert Hugo

(b) Address Russellville, Mo

19. (a) 3-9-46 (b) Mrs J.S. Glauer  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole  
 (c) City or town Henley, Mo Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 24  
 year 1946 hour 2:00 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 20 1946 to Feb 24 1946  
 that I last saw him alive on Feb 23 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis not  
uræmic poisoning  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 1315

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? \_\_\_\_\_

23. Signature Walter L. Leslie (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address Russellville Mo (or) Means of injury \_\_\_\_\_  
 Date signed 2-25-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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



---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 76 Primary Registration District No. 5302 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Hentley, Clark Twp  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME William John Ott

3. (b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Wilhelmina

6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased April 23  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ Unless than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name George J Ott

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

14. Maiden name Rosetta

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

16. (a) Informant Ernest Ott

(b) Address Lohman, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Schubert Huga

(b) Address Russellville, Mo

19. (a) March 9-46 (Date received local registrar) (b) Ms. S. B. Glover (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cole

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Duration \_\_\_\_\_

Due to Memmi poisoning

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter L. Sealie (M. D. or other)

Address Russellville, Mo Date 2-25-46

4049 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5043