

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X38671

FILED SEP 3 1946

Registration District No. 83

Primary Registration District No. 5655

State File No.

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 124 days
In this community 124 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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 _____

3. (a) PRINT FULL NAME Roasline Anna Otto

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 2 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace St. Anthony Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Otto

13. Birthplace St. Anthony Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Renagen

15. Birthplace St. Elizabeth Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address No. State Sanatorium, Mount Vernon

17. (a) Removal (b) Date thereof July 18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Mo

18. (a) Signature of funeral director Geo S Orr

(b) Address Sub 233000, Mo

19. (a) 7-19-46 (b) Dr. Philbrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 2 minute 35 p. M.

21. I hereby certify that I attended the deceased from March 17, 1946 to July 18, 1946.
that I last saw her alive on July 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis over 6 yrs.

Due to _____
13 1/2

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 C. A. Brasher M.D.
(M. D. or other)
Address No. State San. Mount Vernon, Mo. Date signed 7-18-46

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

26

RECEIVED

District Health Officer No. 6,

District File Number 846-831

Date Filed AUG 2 - 1946

SEP 4 1946

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

Geo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.