

S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30396

State File No. ....

**FILED** OCT 7 1946  
1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3928

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether years, months or days)

In this community 17 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Jackson

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

(d) Street No. 5239 East 8th  
(If rural, give location)

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

3. (a) PRINT FULL NAME GLORIA JEAN OTNES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe.

5. Color or race Wh.

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 August 28, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

17 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Douglas B. Otnes

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

14. Maiden name Betty Lee Hines

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

16. (a) Informant L.E. McDonald

(b) Address 5239 East 8th

17. (a) Burial (b) Date thereof Sept 16, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 9-16-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1946 hour 1:37 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 28 1946 to Sept. 14 1946  
that I last saw her alive on Sept. 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration Acidosis 17 hr.

Due to Diarrhea 1 wk.  
(Cause not determined)

Due to

Other conditions 119a  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations

Of autopsy

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?

23. Signature Jesse A. Reiss, M.D. M. D. or other) J  
Address 1103 Grand & Ohio Date signed 9-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

293330

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**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... *A. D. Blackman* .....

Licensed Embalmer No... *3639* .....

P. O. Address... *A. C. 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.