

No. 2
A-5-43
5-17-39
I X36871

FILED APR 1 1947

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kingston
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell ¹³

(c) City or town Kingston ¹
(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 _____

3. (a) PRINT FULL NAME Lola Mae Otto

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Charles H. Otto

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: April 17 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Johnathan Palmer

13. Birthplace Hennecastle Pa. ¹
(City, town, or county) (State or foreign country)

14. Maiden name Almira Appenzeller

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

16. (a) Informant Albert David Otto

(b) Address Kingston Mo.

17. (a) Burial (b) Date thereof 3-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston Missouri

19. (a) Mar 19/47 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 10 minute 17 M.

21. I hereby certify that I attended the deceased from June 20, 1943, to March 10, 1947;

that I last saw her alive on March 10, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion Duration 2 days

Due to Coronary Thrombosis 4 days

Due to arteriosclerosis years

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

Major findings: _____
Of operations 947

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.H. Wilson M.D. (P. No. or other) _____
Address Pals Mo. Date signed 3-11-47

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

OCT 8 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Cameron Clark

Licensed Embalmer No. 3257

P. O. Address. Kingston, 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.