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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8387

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:  
At home, 608 Seventh St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ---  
In this community 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret Anna Ott.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Louis C. Ott

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased August 13<sup>th</sup> 1859  
(Month) (Day) (Year)

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

87	6	12	hr. min.
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9. Birthplace Jamestown, Missouri. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

12. Name John Roedel.

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

14. Maiden name Henriette Griebach

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

16. (a) Informant Mrs. H. F. Herfurth.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Feb. 27<sup>th</sup> / 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burger, Missouri

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 2-26-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

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

(d) Street No. 608 Seventh St. 3  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25  
year 1947 hour 1 minute 25 p.m.

21. I hereby certify that I attended the deceased from Feb 23, 1947, to Feb 25, 1947  
that I last saw her alive on Feb 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 6 days

Due to.....

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?.....

(Specify type of place) 0  
While at work? (e) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address Boonville, Mo. Date signed Feb 26

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

**RECEIVED**

District Health Officer No. 8,

District File Number -----

Case Filed 3-27-47

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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 J. A. Goodman  
Licensed Embalmer No. 1178  
P. O. Address Boonville, 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.**