

FILED FEB 28 1948
Registration District No. 7

Primary Registration District No. 3016

State File No. _____
Registrar's No. 44

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1516 East High Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 1/2 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Walter G. Ottman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-09-4225

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

6. (b) Name of husband or wife Rose Ottman 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 19 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Pressman Ptg

11. Industry or business _____

12. Name Henry Ottman

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

14. Maiden name Mary Kaufman

15. Birthplace Osage Bluff, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Ottman

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thos J. Condon

(b) Address Jefferson City, Missouri

19. (a) 2-17-48 (b) R. G. Dorris, MD.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 East High Street
(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 15 year 1948 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 15 1948 to Feb 15 1948 and that I last saw him alive on Feb 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Scler. Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy OKA

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 R. G. Dorris, MD. (M. D. or other) MD.

Address Jefferson City, Mo. Date signed 2-17-48

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

MOTHER FATHER

Date Filed FEB 27 1948

District File Number

District Health Officer No. 9

OCT 5 1948

RECEIVED

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 *Ferdinand Gulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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.