No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19198

FILED JUN 26 1948

Registration District No. 1948

Primary Registration District No. 2000

Registrar's No. 484

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2218 West Walnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2218 West Walnut (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Theodore Andrew Jackson Ott
3. (b) If veteran, name war Unknown
3. (c) Social Security No. 500-10-9620
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November (Month) 30 (Day) 1916 (Year)

8. AGE: Years 31 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Watch Maker
11. Industry or business
FATHER
12. Name Aloysius J. Ott Sr.
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Stella B. Wheelis
15. Birthplace ~~Indiana~~ (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Louis J. Ott
(b) Address Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield Missouri
19. (a) 6-11-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 4:00-8:00 A.M. minute M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun Shot wound	
Due to ~~Gun~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence June 8 1948
(c) Where did injury occur? Springfield (City or town) Greene Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury Gun Shot

23. Signature Clyde B. Abbott (M. D. ~~or other~~) MD
Address 219½ E. Walnut Date signed 6/11/48
Coroner Greene Co.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Julian R. Joachim Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 7831

P. O. Address Springfield

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.

No. 2B
—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 484

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Theodore A. Jott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Nov. (Month) 30 (Day) 1916 (Year)

8. AGE: Years 31 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7-2-48 (Date received local registrar) (b) M. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
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)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-19198