

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26027
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
(b) Township Jackson Primary Registration District No. 5592
(c) City _____ (d) Street No. _____
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 3940

2. PRINT FULL NAME George Walker Gott

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Gott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Peter Gott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Proctor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) L.S. Gott
Holden Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Elm Cemetery DATE Aug 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T.W. Goodman
Holden Mo.

20. FILED Aug 1939 Mrs. S. V. Redford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 to July 29, 1939
I last saw him alive on July 29, 1939. Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Diabetes Mellitus
Epithelioma of face
Gen. Arteriosclerosis
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Kelly Rawlins, M. D.

(Address) Holden 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 Samuel B. Kapp

Licensed Embalmer No. 40 44

P. O. Address Holden, 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, above space should be left blank.