

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community _____
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. 852 S. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Mott
(b) If veteran, name war no
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24
year 1940 hour 8 minute 15 p.m.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Betty Mott
(c) Age of husband or wife if alive 82 years

21. I hereby certify that I attended the deceased from 12-21, 1940, to 12-24, 1940, that I last saw him alive on 12-24-40, and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. (Month) 2 (Day) 1852 (Year)
8. AGE: Years 88 Months 2 Days 22 If less than one day hr. min.

Immediate cause of death
Myocardial failure due to Chronic Myocarditis & Sclerosis & Senility
Due to _____
Due to _____

9. Birthplace Osaloosa Iowa
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired
11. Industry or business Real Estate Dealer

MOTHER FATHER { 12. Name George Mott
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Betty Mott
(b) Address Springfield, Mo.

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? _____

17. (a) Burial (b) Date thereof Dec. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
Springfield, Mo.
(b) Address _____

23. Signature Dr. Ferrell M.D. or other _____
Address Springfield Mo. Date signed 12/26/40

19. (a) 12-27-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Springfield, 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.

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