

No. 2
4-13-40
5-17-39
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FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4171
Registrar's No. 39

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Allenton, Mo.
(c) Name of hospital or institution:
U.S. Highway 66
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 34 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John W. Kotaw
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Clifford Kotaw
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 18, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 17
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

MOTHER FATHER {
12. Name Wm. A. Kotaw
13. Birthplace St. Louis Co. Mo.
14. Maiden name Rhoda Kidd
15. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Kotaw
(b) Address Allenton, Mo.

17. (a) Burial (b) Date thereof 1/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kidd Cemetery

18. (a) Signature of funeral director Schaefer Funeral Home
(b) Address Ballwin, Mo.

19. (a) JAN 7 - 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Allenton
(If outside city or town limits, write "RURAL")
(d) Street No. U.S. Highway 66
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 5
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 3 to Jan 5, 1941, that I last saw him alive on Jan 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death central hemorrhage
Duration 2 days

Due to [Signature]
Due to [Signature]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address _____ Date signed Jan 6 - 41

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.....

Geo. Schrader

Licensed Embalmer No.....

3066

P. O. Address.....

Dulwin, Md

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.