

FILED FEB 18 1941

Registration District No. **80** Primary Registration District No. **605** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Rural**
(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)
In this community **15-7-11** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Rural**
(d) Street No. **N.E. Rural City Mo.**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Le Roy Hottman**

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 **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 11 1925**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 7 11 hr. min.

9. Birthplace **Schuyler Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **farm boy**

11. Industry or business _____

12. Name **John Hottman**

13. Birthplace **Schuyler Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Schmitter**

15. Birthplace **Schuyler Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Hottman**

(b) Address **Quebec City Mo.**

17. (a) **Burial** (b) Date thereof **Jan 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermonia Cemetery**

18. (a) Signature of funeral director **Marehead**

(b) Address **Lancaster Missouri**

19. (a) **1-25-41** (b) **Oliver B Jones deputy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **22**
year **1941** hour **3:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Jan 20**, 1941, to **Jan 22**, 1941;
that I last saw him alive on **Jan 22**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

Due to **measles**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **Yes**

While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **R.E. Vaughan** (M. D. or other) **DO.**
Address **Lancaster, Mo** Date signed **1-24-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-281

Date Filed FEB 14 1941

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.....

Moreheads

....., Registered Apprentice No.

working under my personal supervision.

Signed Moreheads

Licensed Embalmer No. 3680-3731

P. O. Address Laurelton 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.