No. 2
4-13-40
5-17-39

Dr. E.E. Glenn

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6988

Filed MAR 25 1941

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 218

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

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: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community (years, months or days) 22 Years

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. 1008 S. Ferguson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Harry R. Stotts
3. (b) If veteran, name war no
3. (c) Social Security No. 712-14-9576
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Stotts
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased January (Month) 5 (Day) 1882 (Year)
8. AGE: Years 59 Months 2 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation
11. Industry or business Railway Express Co.
FATHER 12. Name Robert O. Stotts
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Martha Rutherford
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Mary Stotts
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-15-41 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1941 hour 1 minute 30 a. M.
21. I hereby certify that I attended the deceased from Feb 13, 1941, to March 13, 1941; that I last saw him alive on March 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Embolism of femoral artery	3-2-41
Due to Acute myocardial infarction	2-13-41
Due to Acute coronary occlusion	2-13-41
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations N.P.W.
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 E.E. Glenn (M. D. or other) D
Address Springfield, Mo. Date signed 3-13-41

(Licensed Embalmer's Statement on Reverse Side)

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: L Leslie Forman

Licensed Embalmer No. 3177

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.