

JAN 16 1942

State File No.

Registration District No. 698

Primary Registration District No. 1926

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Rural - Weston, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At his Home north of Weston  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto Scholz

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 Elenore Scholz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 2 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 4 29 hr. \_\_\_\_\_ min.

9. Birthplace Barting Kries Militch Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gottlieb Scholz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Elenore Scholz

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof 12/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Brill Dyer

(b) Address Weston, Missouri

19. (a) 12-9-41 (b) J. P. Feeling  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Only Dec. 1, 1941 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Dec. 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g & a

Major findings: none

Of autopsy none

Duration

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) none  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? none (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 3

23. Signature J. P. Feeling (M. D. or other) D.  
Address Weston, Mo Date signed 12/3/41

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

300

**RECEIVED**

District Health Officer No. Platte

District File Number 142-6

Date Filed 1-15-42

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**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..... *J. H. Brill*

Licensed Embalmer No. *832*

P. O. Address *Weston 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.**