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M-5-42  
V. 5-17-39.  
I X3277

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14474  
Registrar's No. 12

47  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1943  
Registration District No. 44

Primary Registration District No. 4234

1. PLACE OF DEATH:  
(a) County IRAN  
(b) City or town IRANTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Iranton Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. FRANCIS  
(c) City or town Headwood  
(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 GEORGE W. KOTORTH  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-03-9726

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 12 year 1943 hour 2 - minute 10 A.M.  
21. I hereby certify that I attended the deceased from Feb 9, 1943, to April 12, 1943 that I last saw him alive on April 11, 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARTHA KOTORTH 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased October 21 1879  
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis Duration 3 yrs.  
Heart failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
64 6 10 hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Machinist  
11. Industry or business St. Joseph Lead Co.  
12. Name Joshua Kotorth  
13. Birthplace unknown Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Betty Counts  
15. Birthplace unknown Missouri (City, town, or county) (State or foreign country)  
16. (a) Informant Josh Kotorth  
(b) Address Headwood, Missouri  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 15-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Headwood Cemetery  
18. (a) Signature of funeral director J. S. Boyer & Son  
(b) Address Headwood, Mo.  
19. (a) 4-12-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature Geo. H. Walters (M. D. or other) \_\_\_\_\_  
Address Farlington Mo. Date signed 4-12-43

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 543-223 2  
Date Filed 5-11-43

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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 Bert L. Bay  
Licensed Embalmer No. 3445  
P. O. Address Leadwood 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.