

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35897

7975

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 49

FILED MAR 8 1944
 Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo.
(Specify whether years, months or days)

In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 E 13
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Stott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased July 6 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 - 1944
 year 12 noon hour 12 minute noon

21. I hereby certify that I attended the deceased from over 1 year _____ 1944 to Feb 9 1944
 that I last saw h. er alive on Feb 9 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death:
Arteriosclerosis
Ch. Myocarditis

Due to Arteriosclerosis - ?

Due to _____

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

9. Birthplace Oldham England 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Stott

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace England 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None

Of autopsy None

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J.M. Stott

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof Feb. 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 2-10-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? _____ (e) Means of injury None

23. Signature John B. Ouellette M.D. (M. D. or other)
 Address Sedalia Mo. Date signed 2-10-44

RECEIVED
District Health Officer No. 8,
District City of Chicago

3-7-44

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Redalia, 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.