

FILED AUG 9 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 243

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution:
ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSSELL SCHOTT

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased OCT 27 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace SUMNER ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GEORGE LEE SCHOTT

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

14. Maiden name LUCINDA DECKER

15. Birthplace JASPER CO. ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant EFFIE HOBBS

(b) Address HARRISBURG ARK.

17. (a) BURIAL (b) Date thereof 8-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION PARK CEM. CHAFFEE

18. (a) Signature of funeral director BISPLINGHOFF-HUBBARD

(b) Address CHAFFEE MO.

19. (a) 8-4-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County SCOTT

(c) City or town CHAFFEE 100
(If outside city or town limits, write "RURAL")

(d) Street No. 311 DAVISON
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1944 hour 10 minute a M.

21. I hereby certify that I attended the deceased from July 28 1944 to July 30 1944
that I last saw her alive on July 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 hr

Due to Atherosclerosis and Myocarditis 3 yrs

Other conditions It was blind in both eyes!
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no 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 R.G. Ritter (M. D. or other) _____
Address Cape Girardeau Mo Date signed Aug 5 1944

1014

RECEIVED

District Health Officer No. 4
District File Number 844-4197
Date Filed 8-8-44

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address.....

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.