

FILED JUN 5 1947

Registration District No. **876**

Primary Registration District No. **4492**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution ✓
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Laura Witt Schott

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 Married

6. (b) Name of husband or wife Rick Schott

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sep 21 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Scott County Mo G
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name John Witt

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

14. Maiden name Mary Pebst

15. Birthplace Canton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. L. Laveford

(b) Address Chaffee, Mo

17. (a) Burial (b) Date thereof 5-7-'47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Guardian Angel Oxon

18. (a) Signature of funeral director B. Spillinghoff Funeral Home

(b) Address Chaffee Mo

19. (a) 6/3/47 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1947 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1946 to 5/5 1947
that I last saw her alive on 5/5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis 1 yr
92k

Due to _____

Due to _____

Other conditions Vascular Hypertension?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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) (e) Means of injury 0

23. Signature J. C. Cline (M. D. or other) _____
Address Oxon Mo Date signed 5/6/47

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

10
4
0

RECEIVED

District Health Office No. 2,

District File Number 647-815

Date Filed 6-4-47

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 Mamie B. Langstaff

Licensed Embalmer No. 3222

P. O. Address Chaffee Mrs

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.