REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22280
Do not use this space.

1. PLACE OF DEATH
(a) County Iron Registration District No. 391
(b) Township Arcadia Primary Registration District No. 5546a Registered No. 35
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 320 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Bell Lotz
(a) Residence, No. ~~Ironton~~ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hugh Lotz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17, 1886
7. AGE: Years 53 Months 2 Days 27 If LESS than 1 day, ...hrs. or ....:....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Harrison Co. Mo.

FATHER
13. NAME: Jim Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co. Missouri

MOTHER
15. MAIDEN NAME: Goucher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co. Missouri

17. INFORMANT (ADDRESS): Mr Hugh Lotz Ironton, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Cove Cemetery DATE June 17, 1939
19. FUNERAL DIRECTOR (ADDRESS): Geo P. Leuckel Ironton, Mo.
20. FILED June 15, 1939 Robert Rauch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1939.
22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1939 to June 14th, 1939
I last saw her alive on June 14th 1939 Death is said to have occurred on the date stated above, at 12:00 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of Stomach	Jan. 15, 1939.
4/6 ??	

Other contributory causes of importance:
chronic cholecystitis with Stones (several years)

Name of operation none Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. E. Harland, M. D.
(Address) Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BGM-7-26-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)