

APR 3 1940

Registration District No. 92

Primary Registration District No. 5790

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

1. PLACE OF DEATH:

(a) County. Montgomery

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

(c) Name of hospital or institution:
three miles West of Montgomery City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. Lottie Scholle

3. (b) If veteran, name war. _____

3. (c) Social Security No. 400

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased June 12 th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Near Jonesburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name J. H. Scholle

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

14. Maiden name Annie Hoelcher

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

16. (a) Informant Charles Houke

(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/23/40
(Month) (Day) (Year)

(c) Place: burial or cremations Jonesburg Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City mo

19. (a) March 22 1940 (Date received local registrar)

(b) Shulle Registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 9 minute 30/4 M.

21. I hereby certify that I attended the deceased from Since her death, 19____;
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull with Fractured Ribs and Internal Injuries

Due to Beigin Struck & Run over by a Ford Truck

Due to Accidental

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

Duration 3-21-40

Major findings: Fractured Skull & Fractured ribs

Of operations _____

Of autopsy none

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) Accidental

(b) Date of occurrence March 21, 1940

(c) Where did injury occur? Montgomery, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Road 1/2 mile from farm

(e) Means of injury Fall from 52 ft
(Specify type of place)

23. Signature E. J. Anderson (M. D. or other) M.D.

Address Montgomery City, Mo Date signed 3/21/40

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, xxx on the 21st
day of March 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. I487

P. O. Address Montgomery City 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, above space should be left blank.