S. No. 2
MA-10-39
X21492

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

FILED JAN 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42469

Registration District No. 5423 Primary Registration District No. 305 Registrar's No. 34

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town RURAL BRUSHCREEK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 MILES SOUTH OF OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community 46 YRS. 20

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits write "RURAL")
(d) Street No. 10 MI SOUTH OF OWENSVILLE
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MATHILDA KOTTWITZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM KOTTWITZ

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

7. Birth date of deceased NOV. 15 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	1	hr. min.

9. Birthplace OAK HILL (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE 0

11. Industry or business 6

FATHER
12. Name ALBERT ZOCH 1
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name JOHANNA ROSEN
15. Birthplace — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant William Kottwitz
(b) Address Owensville Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation BEM. EV. CEM.

18. (a) Signature of funeral director W. F. Gottenstreter
(b) Address Owensville Mo.

19. (a) 12-20-40 (Date received local registrar) (b) Dr. S. S. Barnes MD (Registrar's signature) (R2)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 16 year 1940 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 12-7, 1940, to 12-16, 1940 that I last saw h. alive on 12-14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Essary

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 Edal Mellies (M. D. or other)
Address Owensville Mo Date signed 12-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford N. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.