

S. No. 2
1-4-13-40
v. 5-17-39
I X23159

FILED FEB 14 1941

Registration District No. **297**

Primary Registration District No. **3016**

36
6
2

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

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Franklin

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

(d) Street No. Front & Burnside
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 62 0 years.

3. (a) PRINT FULL NAME LOUIS ROTT

3. (b) If veteran, name war 3. (c) Social Security No. 902-14-4460

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Rott 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 25 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Mo Pac. R.R. Section Laborer

11. Industry or business Johns Rott

12. Name Unknown Germany

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

14. Maiden name Unknown

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

16. (a) Informant Harry J. Schroeder

(b) Address Washington, Missouri

17. (a) Burial (b) Date thereof Jan 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director W. H. Schmitt
(Name and address of funeral home)

(b) Address Washington, Missouri

19. (a) Jan. 27-1941 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1941 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 24, 1941 to Jan 26, 1941, 1941
that I last saw him alive on Jan 26, 1941, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute Pneumonia, Lobar Duration 2 days

Due to 1941

Due to 1941

Other conditions Morocarditis, Chr
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of 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? _____

23. Signature Frank J. Mays (Specify type of place) _____
(Name and address of physician or other) (Date signed)

Address 2514 Washington, Mo Date signed 1-27-41

WOM

437 2512-10

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

Lester A. Vitt

Registered Apprentice No. _____

working under my personal supervision.

Signed Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.