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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18356

Registration District No. 528 Primary Registration District No. 5704 Registrar's No.

1. PLACE OF DEATH

(a) County Macon

(b) ~~City or town~~ Rural Callao FP
(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 (Specify whether
In this community all its life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andrew La Verne Mott

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April 12" 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	11 hr. 30 min.

9. Birthplace Macon Co. O Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Guy La Verne Mott
13. Birthplace Macon Co. Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hazel Lorene Cross
15. Birthplace Macon Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Guy La Verne Mott
(b) Address Callao, Mo. No. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41
(Month) (Day) (Year)
(c) Place: burial or cremation Callao, Mo

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.

19. (a) 4/12-1941 (Date received local registrar) (b) H. L. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12, 1941, to April 13, 1941
that I last saw him alive on April 12, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Delivery ~~Development~~ underdevelopment of vital organs.	
Due to gestation	6½ mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) 154	
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?
471 (Specify type of place)
While at work? (e) Means of injury 2

23. Signature A. L. Durden (M. D. or other) D.O.
Address Callao Date signed Mo.

(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 not embalmed by me, ~~or by~~ .....

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

working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

If this body is not embalmed, fact should be so stated above.