

FILED AUG 16 1941

Registration District No. 297

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2901 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 33 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME HOTT-FRANCIS M.

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

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

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. 23 - 1853
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 6 If less than one day hr min.

9. Birthplace Mobile Co. Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmers

12. Name William Lott

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

14. Maiden name Mary Collins

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

16. (a) Informant Minnie Hott Wife

(b) Address 2901 Wabash KC Mo

17. (a) Burial (b) Date thereof 7-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director SUDARTH

(b) Address 6900 TRUST KC Mo

19. (a) 7-30-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2901 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Amer years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 11, 1941, to July 29, 1941; that I last saw him alive on July 28, 1941; and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Coronary - heart - vascular disease

Due to 12/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/10

Of autopsy

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Eugene Huse (M. D. or other) DO
Address 512 Ry and Bldg Date signed 7-30-41

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

838

048

3

8

0

Dugston

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.