

FILED OCT 10 1941

Registration District No. 420Primary Registration District No. 5-633Registrar's No. 136

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mt. Vernon, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 199 days
 (Specify whether
 In this community 199 days
 years, months or days)

3. (a) PRINT FULL NAME DeGolda Lott3. (b) If veteran, name war No 3. (c) Social Security No. No4. 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 January 26th 1923
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
18 8 3 _____ hr. _____ min.9. Birthplace Unknown / Okla
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name Thomas Lott13. Birthplace Unknown / Georgia
(City, town, or county) (State or foreign country)14. Maiden name Maude Basell / Georgia15. Birthplace Boonville / Missouri
(City, town, or county) (State or foreign country)16. (a) Informant E. McMichael, Record Clerk(b) Address Missouri State Sanatorium17. (a) Burial (b) Date thereof Sept 29 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation 100 F. Cen. Mt. Vernon, Mo.18. (a) Signature of funeral director H. D. Basell(b) Address Mt Vernon Mo19. (a) 9-29-1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Jonlin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2121 Pearl Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1941 hour 10:30 minute A M.21. I hereby certify that I attended the deceased from
March 12 19 41 to Sept. 26th 19 41
that I last saw her alive on Sept. 26th 19 41
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis Duration Abt 8 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 13/10Major findings:
Of operations _____Of autopsy Pul. Tuberculosis

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 James P. Basell (M. D. or other) 11-10Address Mt Vernon Date signed 9-26-41

RECEIVED

District Health Officer No. 6,

District File Number 1041-1546

Date Filed OCT 6 1941

OCT 20 1941

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.....

Max Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed.....

H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address.....Mt Vernon, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31926**
Registrar's No.

Registration District No. **440**

Primary Registration District No. **5633**

1. PLACE OF DEATH:

- (a) County Lawrence
- (b) City or town St. Vernon
(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 _____
years, months or days)

3. (a) PRINT FULL NAME De Golda Lott

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

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

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

7. Birth date of deceased Jan 26 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months 8 Days 14
If less than one day min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-29-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
(Immediate cause of death)

Duration

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

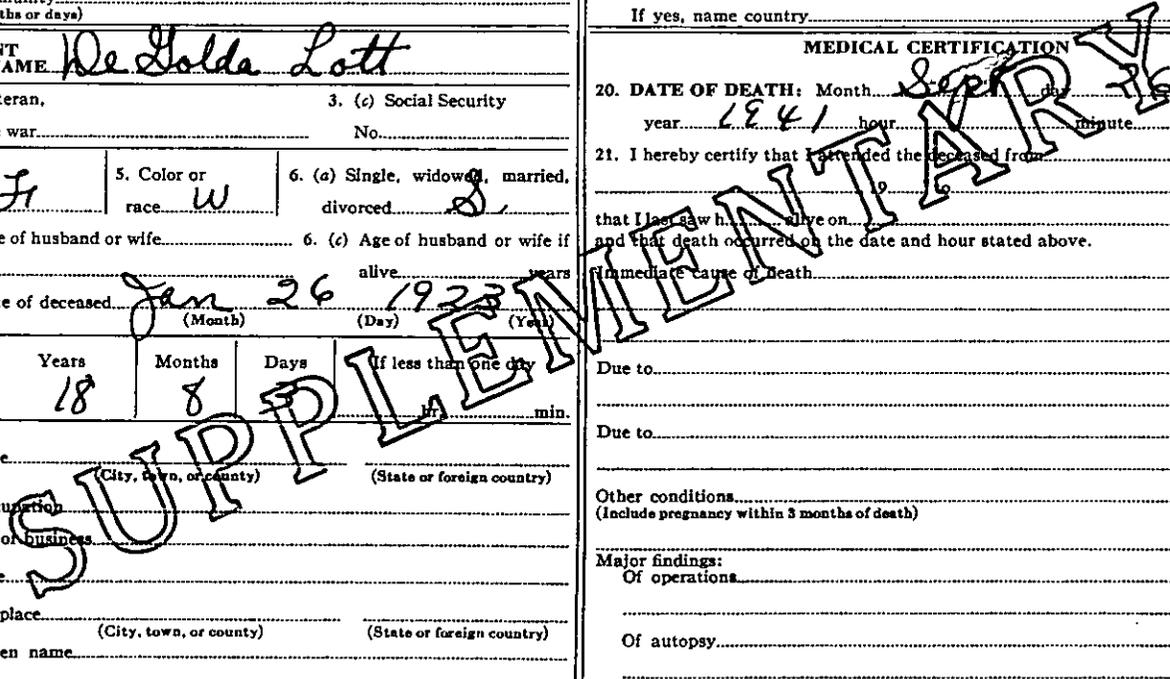
22. If death was due to external causes, fill in the following:

- (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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
M.P.A. Holmes
St. Vernon



DEC 3 1941

1941
S-31926