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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37670

State File No. \_\_\_\_\_

Registrar's No. 315

FILLED DEC 9 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

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

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Novinger R.F.D. #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Novinger Mo. Rural #1  
(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) 73vr.

3. (a) PRINT FULL NAME Hiram Shott  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 14 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business \_\_\_\_\_

12. Name Jonas Shott

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

14. Maiden name Anna Wallace

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

16. (a) Informant Mrs C. L. Galven

(b) Address Novinger Mo.

17. (a) burial (b) Date thereof 11-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cent.

18. (a) Signature of funeral director B. E. Riley  
(b) Address Kirkville Mo.

19. (a) Nov-25/41 (b) James L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Novinger Mo. R.F.D.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8  
year 1941 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from Aug  
1936 to Nov 8 1941  
that I last saw him alive on Nov 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pelvicular Heart Disease  
Duration 10 years

Due to ✓

Due to ✓

Other conditions (include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓ 93d  
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 H. P. Garrison M.D. (M.D. or other) ✓  
Address Novinger Mo. Date signed 11-8-41

RECEIVED

District Health Officer No. 19

District File Number 12-41-2101

Date Filed DEC 3 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~~.....

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

Signed D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.