

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

FILLED DEC 8 1941
Registration District No. 10918

Primary Registration District No. 5277A

State File No. _____
Registrar's No. 173

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Rural Fishing River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Crescent Lake about 3 miles south West & by
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 4 1/2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south west
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARVEY LENORD SHOTT

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tina S. Shott
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased August 15, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 14
If less than one day hr. min.

9. Birthplace Lathrop Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William W. Shott

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

14. Maiden name Francis Humphreys

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

16. (a) Informant Tina S. Shott
(b) Address Rural 3 miles south West & by

17. (a) Burial (b) Date thereof 12/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Mo

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs

19. (a) Dec 1-1941 (b) Mr. R. M. E. E. E.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1941 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Gun Shot wound self inflicted
Duration _____

Due to _____

Due to _____

Other conditions 104 C
(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) Suicide, Gun shot
Date of occurrence 11-29-1941, 7:30 PM.

(c) Where did injury occur? P.O. No. 1, Excelsior Springs, Mo. Crescent Lake
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature R. W. Prather (M. D. or other) _____
Address Excelsior Springs, Mo Date signed 12-1

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-5-41.....

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.....

Chas. Virgil Hope

Licensed Embalmer No.....

3950

P. O. Address.....

Excelsior Spn

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

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