No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41600

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 182

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

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

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

3. (a) PRINT FULL NAME SCHOTT, Paul Henry

3. (b) If veteran, name war World

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Ella Schott

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

7. Birth date of deceased October 15, 1889 (Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Henry Schott

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

14. Maiden name Mary Bausch

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

16. (a) Informant Hospital Records, Veterans Administration,

(b) Address Excelsior Springs, Mo.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 12/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri.

18. (a) Signature of funeral director Claude Pritchard, Undertaker

(b) Address Excelsior Springs, Mo.

19. (a) 12/12/41 (Date received by local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1941 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from December 4, 1941 to December 11, 1941 that I last saw him alive on December 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, bilateral

Due to

Due to

Other conditions Toxic hepatitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy.

Duration

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 E. A. WEICH, M. D. (M. D. or other)

Address Veterans Administration, Excelsior Springs, Mo. Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 1-13-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo.

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

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