

FILED MAR 11 1942

State File No.

Registration District No. 35

Primary Registration District No. 1001

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Buchanan
(a) State (b) County
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5907 Lookout St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1942 hour 2 minute 20 a. a M.
21. I hereby certify that I attended the deceased from Feb. 21 1942 to Feb. 23 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Patent
Duration Feb. 20/42

3. (a) PRINT FULL NAME George Willis Lotz
3. (b) If veteran, name war - 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 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 13, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 6 11 hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name Charles Lee Lotz
13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Juanita V. Wood
15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Lotz
(b) Address 5907 Lookout St.

17. (a) Burial (b) Date thereof Feb. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oddfellows Cem

18. (a) Signature of funeral director Clark Murray
(b) Address 5025 King Hill Ave.

19. (a) 2/26/42 (b) H. J. Mottibush
(Date received local registrar) (Registrar's signature)

Due to abr. failure of heart Feb. 1942
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 12
Of operations
Of autopsy none

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) (c) Means of injury 1
23. Signature Frank J. Danegans M.D. M.D.
Address 620 Francis (Date signed) 2/24/42

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

Dr. H. H. ...
1/11/42

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 2/24/42

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

Signed Earl A. Clark

Licensed Embalmer No. 7238

P. O. Address St. Joseph

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.