

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

Rev. 6-17-38 I xiss11

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 175

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5743

State File No. 6295

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Twp Rural
(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
In this community whole life (Specify whether years, months or days) 8

3. (a) PRINT FULL NAME Oliver Ruben Mott
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary F. Mott
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 2 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 17
If less than one day hr. min.

9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name O. J. Mott
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary F. Warmouth
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Mott
(b) Address Salisbury Mo

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

18. (a) Signature of funeral director Geo B. Dunkelmeier
(b) Address Salisbury Mo

19. (a) 3/5/42 (b) R. H. Kebbig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. B. M. S. E. of Salisbury
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19
year 1942 hour _____ minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 2
_____, 1941, to Feb 19, 1942
that I last saw him alive on Feb 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to Generalized arteriosclerosis
Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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 J. L. Harney (M. D. or other) MD
Address Salisbury Mo Date signed 3/3/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-13-42

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 _____

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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, above space should be left blank.