

FILED APR 7 1943

Registration District No. 35

Primary Registration District No. 4080

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Carrroll
(b) City or town Norborne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, West 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, _____ (Specify whether
In this community 25 years in town (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carrroll
(c) City or town Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. 4th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES A. GOTTMAN

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

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Seeburg 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 23 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days _____ If less than one day hr. min.

9. Birthplace Ray County Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Grocery man

12. Name John Gottman

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

14. Maiden name Sarah Baker

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

16. (a) Informant Mrs. J. A. Gottman

(b) Address Norborne Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director W. T. Straud

(b) Address Norborne Mo.

19. (a) 3-24-43 (Date received local registrar) (b) John Ditch Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, 1943
year 1943 hour Three minute 35 P.M.

21. I hereby certify that I attended the deceased from June 23,
42 to March 22, 1943.
that I last saw him alive on March 22, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion due to organic degenerative conditions due to osteomalacia and decalcification of spinal vertebrae -- Due to a marked Scoliosis from injury in early childhood
Due to Cardio-renal disease. Chronic nephritis. Chronic myocarditis.
Other conditions (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) _____
(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 A. J. Gardner (M. D. or other) _____
Address Norborne, Mo. Date signed 3/23/43

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

MOTHER FATHER

17
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-6-43

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 me

~~Registered Apprentice No.~~ 2406

working under my personal supervision..

Signed Thos. J. Strouss

Licensed Embalmer No. 2406

P. O. Address Nonborne 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.