

FILED AUG 9 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Twp Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital Nevada
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 28 days.
(Specify whether)

In this community 2 mo 28 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 920 Forest ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice E. MOTT

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred A MOTT

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept 6th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 10 14 hr. min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name JOHN W RANG

13. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grimmer

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Kansas City (b) Date thereof July 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada, Mo

19. (a) 7-20-43 (b) Angel B. Deusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 22nd 1943 to July 20 1943
that I last saw h. ex. alive on July 20th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Duration

Due to

Due to

Other conditions Generalized arteriosclerosis
(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 G.S. Waraeth (M. D. or other)

Address Nevada, Mo Date signed 7/20/43

RECEIVED

District Health Officer No. 71

District File Number 7-43-825

Date Filed 8-7-43

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 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.