

FILED SEP 14 1943

Registration District No. _____

Primary Registration District No. **5303**

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

1. PLACE OF DEATH:
(a) County **Colo**
(b) City or town **Jefferson City**
(c) Name of hospital or institution **3 mi. east of city on 14th St**
(d) Length of stay: In hospital or institution **47 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Colo**
(c) City or town **Jefferson City**
(d) Street No. **13 mi. east of 14th St**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Anna Marie Schott**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Geo. J. Schott** 6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **Feb 1 1864**

8. AGE: Years **79** Months **8** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Osage City Mo.**

10. Usual occupation **Housework**

11. Industry or business **St. Home**

12. Name **Michel Goetschel**

13. Birthplace **Germany**

14. Maiden name **Unknown**

15. Birthplace _____

16. (a) Informant **Lyda Schott**

(b) Address **Star Route #2**

17. (a) Burial, cremation, or removal **Cremation** (b) Date thereof **Sept 3, 1943**

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Anna Lewis**

(b) Address **700 Jefferson**

19. (a) **9-7-43** (b) **Pharma Richter**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **3** year **1943** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **May 1943** to **Sept 3 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **carcinoma of uterus**
Due to _____
Due to **decompensated Heart**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____
(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. Bruce** (M. D. or other) **M.D.**
Address **Jefferson City Mo** Date signed **9/6/43**

MOTHER FATHER

894

181

2002

17

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 *A. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *Geno.*.....

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.