

FILED AUG 8 1944

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 66

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Washington, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 2 weeks
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin 36
 (c) City or town Gerald, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1944 hour 4:30 minute A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed 2
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 1943 to June 1944
 that I last saw her alive on June 26 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 9 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>19</u>	hr. _____ min.

Immediate cause of death: Arterial Sclerosis
Chronic Myocarditis
 Due to _____
 Due to _____

9. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)

Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings: 93d
 Of operations _____
 Of autopsy _____

10. Usual occupation: Housewife
 11. Industry or business _____
 12. Name: Henry Flottmann
 13. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name: Unknown
 15. Birthplace: Unknown 4
 (City, town, or county) (State or foreign country)

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?
 (Specify type of place) _____
 While at work? _____ (c) Means of injury: _____

16. (a) Informant: Mrs Oscar Loelt
 (b) Address: Gerald, Missouri
 17. (a) Burial (b) Date thereof: June 30, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: St Pauls Cemetery
 18. (a) Signature of funeral director: Ernst A. Ottmann
 (b) Address: Gerald, Missouri
 19. (a) 6/30/44 (b) Charles Kuehler Bush
 (Date received local registrar) (Registrar's signature)

23. Signature: Charles A. Schott M. D. or other _____
 Address: Gerald Mo Date signed: 6-28-44

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

36
66
2

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-5-44.....

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 Ernest P. Altman

Licensed Embalmer No. 4054.....

P. O. Address Gerald, Missouri.....

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.