7. S. No. 2
00M—2-43
ev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 3-57

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25870

Primary Registration District No. 6-F-13-4486

Registrar's No. 10

1. PLACE OF DEATH
(a) County Scott
(b) City or town Benton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community About 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Benton Mo. 100
(If outside city or town limits, write "RURAL") 0
(d) Street No. 13
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LAWRENCE. A. SCHOTT.
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHRISTLE
6. (c) Age of ~~husband~~ or wife if alive 61 years
7. Birth date of deceased Oct 8 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Bee Farmer.
FATHER
12. Name Lorenz Schott
13. Birthplace Prussia. 5 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mazella Wolter
15. Birthplace Prussia. 5 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lawrence Schott
(b) Address Benton Mo wife
17. (a) Benton (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Benton Mo
18. (a) Signature of funeral director Henserer Funeral Home
(b) Address Oran Mo
19. (a) June 30 1944 (Date received local registrar) (b) Leona Zirnenstein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th. year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 6-28, 1944, to 6-28, 1944, that I last saw him alive on 6-28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to	
Due to	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	
Carcinoma of stomach (?)	
Major findings: Of operations	
Of autopsy H & P	

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? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature M. P. Brogan (M. D. or other) D.O.
Address Benton, Mo. Date signed 6-29-44

1128 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-95
Date Filed 2-2-44

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.