

FILED APR 9 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3005

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Bates  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town Bates  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 Ohio St  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME ROBERT U. LOTSPEICH

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 495-07-3609

4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lydia Lotspeich 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 10 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business \_\_\_\_\_

12. Name Lo B. Lotspeich

13. Birthplace New London Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Waller

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

16. (a) Informant Lydia Lotspeich

(b) Address Bates Mo

17. (a) burial (b) Date thereof May 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director W. D. Lathrop

(b) Address Bates Mo

19. (a) 3-21-45 (b) Pauline Curapton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1945  
year 1945 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 15 to May 19 1945  
that I last saw him alive on May 19 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarct  
due to athero-  
sclerosis of major  
arteries of the  
heart.  
Due to athero-  
sclerosis of the  
heart.

Duration

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) Means of injury \_\_\_\_\_

23. Signature W. D. Lathrop (M. D. or other) md

Address Bates Mo Date signed 3-20-45

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

MOTHER FATHER

MAY 17 1945

RECEIVED  
Dial  
Date filed  
MAY 29 1945  
3-45-266  
4-7-43

APR 11 1945

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 B. E. Carlson

Licensed Embalmer No. 2576

P. O. Address Butte, 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.