

FILED AUG 20 1945

Registration District No. **383**

Primary Registration District No. **30375600**

Registrar's No. **91**

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt Vernon Miss
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution County Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay in hospital or institution 12 years
(Specify whether years, months or days)
 In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Lawrence
 (c) City or town Mt Vernon - rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ollie Stotts
 (b) If veteran, name war X
 (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 29th
 year 1945 hour 4:00 minute 0
 21. I hereby certify that I attended the deceased from 6-8(8)
1945 to 7/27, 1945
 that I last saw him alive on 7/27, 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife not known
 (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased not known
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure
 Due to Post-apoplectic

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

Due to Spasms of Rt foot
 Other conditions (include pregnancy within 3 months of death)

9. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 55%

10. Usual occupation farmer

11. Industry or business agriculture

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant County Farm Records
 (b) Address Mt Vernon Miss

17. (a) Burial (Burial, cremation, or disposal) (b) Date thereof July 30 45
(Month) (Day) (Year)
 (c) Place: burial or cremation County Farm Cemetery

18. (a) Signature of funeral director J. B. Orr
 (b) Address Mt Vernon Miss

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) _____
 (e) Means of injury _____

23. Signature Ernest Glover (M. D. or other) _____
 Address Mt Vernon Miss Date signed 7/30/45

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

RECEIVED

District Health Officer No. 6;

District File Number 845.860

Date Filed AUG 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 not

any one else Registered Apprentice No. _____
working under my personal supervision.

Signed George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.