

Registration District No. 189

Primary Registration District No. 5701

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Utica
(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
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Utica
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROBERT EMMETT STOTTLEMYRE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-10-4893

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable Stottlemire 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 4 1896
(Month) (Day) (Year)

20. DATE OF DEATH: Month April day 1st
year 1946 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1
1942 to April 1, 1946
that I last saw him alive on April 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration 5

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

Due to ?
Due to _____

9. Birthplace Harris Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Other conditions myocardial degeneration 2
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name G. J. Stottlemire

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Almina Batson

15. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy 1317

16. (a) Informant Mrs. R. E. Stottlemire

(b) Address Utica, Missouri

17. (a) Burial (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 4-2-46 (b) Kathleen Potts
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____

23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe, Mo Date signed 4/7/46

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

..... Elton F. Norman, Registered Apprentice No.
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.