

FILED OCT 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 363

Primary Registration District No. 6736

Registrar's No. 31

1. PLACE OF DEATH:

(a) County WARREN
 (b) City or town MARTHASVILLE Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
E. Emmons 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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN ¹⁰⁹
 (c) City or town MARTHASVILLE ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ ⁰
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) ⁰
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY H. SCHOTT

3. (b) If veteran, name war None
 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 13 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Herman H. Schott ⁴

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

14. Maiden name _____
 15. Birthplace Germany ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Pugh Sr
 (b) Address Marthasville, Mo.

17. (a) BURIAL (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SEDAVIA, MO.

18. (a) Signature of funeral director Belmont F. Jentzenberg
 (b) Address Marthasville, Mo.

19. (a) 9/28/46 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1946 hour 11 minute 50 ^{PM}

21. I hereby certify that I attended the deceased from Sept 21, 1946, to Sept 28, 1946
 that I last saw him alive on Sept 27, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder ^{1 year}

Due to _____

Due to Chronic bronchial irritation ^{3 mos}

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 52B
 Of autopsy _____

Duration

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 [Signature] (M. D. or other) MD
 Address Marthasville, Mo. Date signed 9/28/46

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

RECEIVED
District Health Officer No. 9,
Date Filed _____
No. Filed 10-7-46

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..... *Delmont F. Lichtenberg*

Licensed Embalmer No..... *4318*

P. O. Address..... *Northasville, N.C.*

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.