

S. No. 2
M-8-43
S-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1946
Registration District No. 372

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39453
Registrar's No. 24

Primary Registration District No. 4543

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town SEYMOUR Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Green
(c) City or town SPRINGFIELD Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 736 S. New
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Aden Lott Jr.
3. (b) If veteran, name war World War No. 2
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 16
year 1946 hour 11 minute _____ A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Skull fracture and Crushed chest Duration _____

7. Birth date of deceased: Sept. 8 1927
(Month) (Day) (Year)
8. AGE: Years _____ Months 2 Days 8 If less than one day _____ hr. _____ min.

Due to Automobile accident
Due to _____

9. Birthplace PRAT KANSAS
(City, town, or county) (State or foreign country)

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

10. Usual occupation U.S. ARMY

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name William Aden Lott

Of autopsy _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name Viola Elmore
(City, town, or county) (State or foreign country)

15. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Aden Lott

(b) Address 736 S. New Springfield

17. (a) BURIAL (b) Date thereof 11 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood cemetery

18. (a) Signature of funeral director Kelley, Ferrell, Berman

(b) Address Seymour Missouri

19. (a) Nov 18-46 (b) Gilbert Jones
(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) Accident

(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)

(e) Means of injury _____

23. Signature H. H. Kelley Coroner (M. D. or other) _____

Address Fordland Mo Date signed 11-18-46

343

(Licensed Embalmer's Statement on Reverse Side)

Call with other M. D. L. White

RECEIVED

District Health Officer No. 6,

District File Number 1146-1159

Date Filed NOV 27 1946

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 K-K Kelley

Licensed Embalmer No. 30334

P. O. Address Fordland 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.