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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42091

FILED DEC 30 1947

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 503 S. Madison St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Webb City, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 503 S. Madison 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE W. LOTT

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Martha S. Lott

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

7. Birth date of deceased July (Month) 14, (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	4	..... hr. ..... min.

9. Birthplace LouisPort, (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Flour Broker

11. Industry or business .....

FATHER
12. Name John Lott
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha S. Lott
(b) Address 503 S. Madison Webb City, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetary

18. (a) Signature of funeral director Hedge Lewis
(b) Address Webb City, Missouri

19. (a) DEC. 19, 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1947 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec. 4, 1947, to Dec. 18, 1947
that I last saw him alive on Dec. 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to angina of 6 week duration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature M S Slaughter (M. D. or Coroner) D.O.

Address Webb City MO Date signed 12/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-964

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 Leonard J. Lewis Jr. Registered Apprentice No. 46 working under my personal supervision.

Signed E. M. Ledgh

Licensed Embalmer No. 2859

P. O. Address Webb City 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.