

FILED MAR 5 1948

Registration District No. 187

Primary Registration District No. 3019

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Dublin  
 (b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Kennett Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
(Specify whether)  
 In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME OTIS KNIGHT Mott

3. (b) If veteran, No name war. No  
 3. (c) Social Security No. [REDACTED]

4. Sex M 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mattie A. Mott  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased July 14 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 5 hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farming

12. Name Leukemia

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

14. Maiden name Belle Rose

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

16. (a) Informant Mrs. Jennie Davidson

(b) Address Kennett, Mo. R-2

17. (a) Burial (b) Date thereof Feb. 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadow Grove Burial Park

18. (a) Signature of funeral director [Signature]

(b) Address Kennett, Mo.

19. (a) 2-25-1948 (b) Carl [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dublin  
 (c) City or town Kennett - Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R-3-1-Mi. N.E. Kennett  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
 year 1948 hour 7:45 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb. 19  
1948 to Feb. 19, 1948;  
 that I last saw him alive on Feb. 19, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 94A  
 Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) MD  
 Address Kennett Mo. Date signed 2/25/48

Duration 2 hours

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

2  
43  
39  
36671

RECEIVED

District Health Office No. 2,

District File Number 348-300

Date Filed 3-2-48

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 *A. Salzman*.....

Licensed Embalmer No. 2556-

P. O. Address *Keenett, 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.