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FILED JUN 17 1948

Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Bellflower Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Bellflower Mo /
(If outside city or town limits, write "RURAL")

(d) Street No. Home /
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lucien Lotton

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 4, 1948, to June 7, 1948, that I last saw him alive on June 7, 1948, and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Margaret Lotton

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

7. Birth date of deceased 2 25 1883
(Month) (Day) (Year)

Immediate cause of death CORONARY Occlusion

Duration 4 DAYS

8. AGE: Years Months Days If less than one day

65 3 18 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Montgomery Co Mo. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General duties

MOTHER FATHER {

12. Name George Lotton /

13. Birthplace Rising Sun Indiana. /
(City, town, or county) (State or foreign country)

14. Maiden name Abbie Rizer /

15. Birthplace Montgomery Co. Mo. /
(City, town, or county) (State or foreign country)

Major findings: Of operations G4H

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Lotton

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 6-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Clara A Jones

(b) Address Bellflower Mo.

19. (a) 6-11-48 (b) Mrs May Miller
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury no

23. Signature Clara A Jones (M. D. or other) no

Address Bellflower Mo Date signed 6-9-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 16 1948

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 *Oland C. Jones*

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.