No. 2
-1/47
17-39

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. 30389

FILED OCT 13 1948

Registration District No. 2048 Primary Registration District No. 3043 Registrar's No. 313

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Palmyra (If outside city or town limits, write "RURAL")
(d) Street No.: 1224 Sloan Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma Bross Gottman
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Fred C. Gottman
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: July (Month) 2 (Day) 1869 (Year)

8. AGE: Years 79 Months 3 Days 1 If less than one day: hr. min.

9. Birthplace: Marion County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Jacob Bross
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Susan Berghofer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Viola Gottman
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Mo.
19. (a) 10-5-48 (Date received local registrar) (b) Dr. R. M. Lueke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 24 Sept 1948, 19..., to 2 Oct 1948, 19...; that I last saw him alive on 2 Oct 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	7 days
Due to: Chronic glomerulonephritis	
Due to:	
Other conditions: Senile dementia (Include pregnancy within 3 months of death)	3 years
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: Wyatt Hamlin M.D. (M. D. or other)
Address: Palmyra Missouri Date signed: 4 Oct. 48

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

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.....Geo B. Lewis

Licensed Embalmer No.....2382

P. O. Address.....Palmyra. 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.