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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33527

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 325

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: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 days  
In this community Life time  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Elizabeth 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 W.F. Gottman 6. (c) Age of husband or wife if alive dec 15 years  
7. Birth date of deceased October 15 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 27 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 Frederick Wagner  
13. Birthplace Marion County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Kratz  
15. Birthplace Palmyra Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Klein  
(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Queen City, Schuyler County, Mo.

18. (a) Signature of funeral director Wm. E. M. Lucke  
(b) Address Palmyra, Mo.

19. (a) 10.14.48 (b) W. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64  
(c) City or town Rural 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #4 Monroe City 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1948 hour 5 minute 30 AM.  
21. I hereby certify that I attended the deceased from May 1948 to Oct 12 1948  
that I last saw h. er alive on Oct 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach & carcinomatosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 115B  
(Include pregnancy within 3 months of death)

Major findings: Large mass at pylorus of stomach & metastatic lesion & enlarged glands.  
Of operations autopsy  
PHYSICIAN Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. H. Lee (M. D. or other) M.D.  
Address Palmyra, Mo. Date signed 10/12/48

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**