

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: Park Sanatorium & Hospital
(d) Length of stay: In hospital or institution 1
In this community years, months or days

8. (a) PRINT FULL NAME Mrs. Blicie m. Botts 320

8. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John W. Botts 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 15 1880 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days hr. min. If less than one day

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

10. Usual occupation Home wife

11. Industry or business

12. Name John L. Sadler 13. Birthplace California, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Stark 15. Birthplace Johnson Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. P. Allison (b) Address 1425 Northern

17. (a) Burial (b) Date thereof Mar 17-40 (c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Ott & Mitchell (b) Address Independence, Mo.

19. (a) March 16 40 (b) F. L. Cook (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence
(d) Street No. 302 1/2 W. Maple
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour minute 4 P. M.

21. I hereby certify that I attended the deceased from Mar 2 1940 to Mar 15 1940; that I last saw her alive on Mar 15 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Hypertension

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

360 (Specify type of place) While at work? (c) Means of injury

23. Signature Fiedler (M. D. or other) Address Fairmount Date signed 3/16/40

Duration

2 weeks

3 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, above space should be left blank.