

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11306**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

1. PLACE OF DEATH: **Jasper**

(a) County \_\_\_\_\_  
(b) City or town **Joplin Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Johns Hospital 22nd and Jackson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 hours**  
(Specify whether)  
In this community **45 Years**  
(years, months or days)

8. (a) PRINT FULL NAME **James W Botkin.**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **491-07-8297**

4. Sex **Male**  
5. Color or race **W**

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

6. (b) Name of husband or wife **Minnie Botkin.**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **May 25th 1862**  
(Month) (Day) (Year)

8. AGE: Years **77--** Months **8** Days **6**  
If less than one day hr. min.

9. Birthplace **Martinsburg Iowa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman - Smelterman-Eagle Picher**  
**same**

11. Industry or business

MOTHER FATHER  
12. Name **Zebedee T Botkin.**  
13. Birthplace **Mass.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Cynthia A Smith.**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Mass.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Minnie Botkin**  
(b) Address **730 Porter, Joplin Mo.**

17. (a) **BURIAL** (b) Date thereof **3-4-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OZARK-MEM. CEM.**

18. (a) Signature of funeral director **Henry K. Skelton**  
(b) Address **Joplin Mo.**

19. (a) **3-5-40** (b) **Ed S. Jarman**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **730 Porter.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: **all his life** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3-** day **2-**  
year **1940** hour **4** minute **10 P.M.**

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

Immediate cause of death **Cerebral Hemorrhage, (Left side)** Duration

Due to **arteriosclerosis**

Due to **g.f.v.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of 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? **3-4-40**  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work?

23. Signature **W. O. Coombs** (M. D. or other)  
Address **Joplin, Mo.** Date signed **Mar 23, 40**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 4410-1020

Date Filed APR 10 1940

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed Perry J. Luebeck

Licensed Embalmer No. 95-9

P. O. Address Superior, Minn.

**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.