

WHILE FILLING OUT THIS FORM, PLEASE 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

12195

State File No. _____

Registration District No. 751

Primary Registration District No. 5992

Registrar's No. 1432

1. PLACE OF DEATH: Ripley
(a) County Vernier Twp.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community for 9 years.
years, months or days 400

8. (a) PRINT FULL NAME ROBERT NELSON BOTTENS
387
8. (b) If veteran, name war ✓
8. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 17 - 1930
(Month) (Day) (Year)

8. AGE: Years 9 Months 11 Days 29 If less than one day hr. ✓ min. _____

9. Birthplace Dallas City, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolboy

11. Industry or business _____
12. Name Everett N. Bottens
13. Birthplace Adair Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Damer
15. Birthplace Ripley Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett N. Bottens
(b) Address Douglas, Mo. R.

17. (a) Burial (b) Date thereof 2-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director family
(b) Address no

19. (a) 2/17 1940 (b) Everett N.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Vernier Twp.
(If outside city or town limits, write "RURAL") Rural
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16
year 1940, hour 6:00 minute P.M. M. _____

21. I hereby certify that I attended the deceased from Jan 20, 1940, to Feb 16, 1940
that I last saw him alive on Feb 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death abscess around left hip joint
Due to not determined 27 1/2 in.

Due to fracture of lower extremity of which not made out
Other conditions suppurated
(Include pregnancy within 3 months of death)

Major findings: Of operations Drainage of abscess
Feb 2 1940 Of autopsy of pus found
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? no
While at work? _____ (Specify type of place) (e) Means of injury no history of injury

23. Signature Everett N. (M. D. or other) no
Address no Date signed 2/17/40

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.....

Mat Embals

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

RECEIVED

District Health Officer No. 5,

District File Number 440 356

Date Filed 4 3 40

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.