No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28052

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1000

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1903½ Savannah Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Henrietta May Grace Botsford

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: None

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Frank

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: November (Month) 19 (Day) 1878 (Year)

8. AGE: Years 61 | Months 9 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: John S. Bell

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Frank Botsford
(b) Address: 1903½ Savannah, Avenue, St. Joseph

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Sept. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery Atchison, Kansas.

18. (a) Signature of funeral director: Walter Moorhoffer
(b) Address: 1302 Faraon Street, St. Joseph

19. (a) Sep 11 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10 year 1940 hour 12 minute 05 p. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1939, to Sept. 10, 1940, that I last saw her alive on Sept 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute suppression Urine	Sept. 8
Due to Chronic Nephritis	1928
Due to Chronic Myocarditis	1924
Due to Coronary Thrombosis	1939
Due to Chronic hypertension	

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? (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature: H. S. Conrad (M. D. or other) M.D.
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed 9-10-40

(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.....

Licensed Embalmer No. 4154

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.