

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MO OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32181**

Registration District No. **391**

Primary Registration District No. **4230**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Iron**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

2. (a) PRINT FULL NAME **Lula Ethel Botkin**

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

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **George Botkin** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Sept. 14, 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **5** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Milton White**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Hunt**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Botkin**
(b) Address **6505 Curtis St. Louis**

17. (a) **Burial** (b) Date thereof **Sept 21, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bee Fork Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **C. J. White Ironton Mo.**

19. (a) **9-20-40** (b) **Julia A. Buntline**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Bunker**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **19**
year **1940** hour **7** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **September 13, 1940** to **September 19, 1940**
that I last saw her alive on **September 19, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**

Due to **175**
Due to

Other conditions **pneumonia, lobar**
(Include pregnancy within 3 months of death) **hypertension**

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 (Specify type of place) Means of injury

23. Signature **George W. Gay, M.D.** (M, D, or other)
Address **Ironton, Mo.** Date signed **9-20-40**

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

Emmett J. White

Licensed Embalmer No. *3012*

P. O. Address

Spokane Falls

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

If this body is not embalmed, above space should be left blank.