

Registration District No. 21 1940

Primary Registration District No. 4423 5931 State File No. 702  
Registrar's No.

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Rural - Madison Mo  
(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)  
(d) Length of stay: In hospital or institution 20  
(Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Cyrus Botrock  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Josie Botrock 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased September 16, 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 12 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Aldrich (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer 0

11. Industry or business 1

MOTHER FATHER  
12. Name Dan Botrock  
13. Birthplace Aldrich Mo (City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Prater  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Harrison Botrock  
(b) Address Fairplay Mo  
17. (a) Burial (b) Date thereof Oct 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shady Grove  
18. (a) Signature of funeral director Hitchison & Co.  
(b) Address Bohlar  
19. (a) 11-1-40 (b) L P Hund  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 28 day  
year 1940 hour \_\_\_\_\_ minute 9 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

631 (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature S B Hitchison (M, D, or other) coron  
Address Bohlar Mo Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 71  
District File Number 11-40-1569  
Date Filed 11-6-40

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed SB Hutchison

Licensed Embalmer No. 1331

P. O. Address Bolivar

**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.**