

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42724

JAN 17 1941 391
Registration District No.

Primary Registration District No. 4230

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days) 1

3. (a) PRINT FULL NAME Charles Earl Botkin

3. (b) If veteran, name war World War 3. (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

7. Birth date of deceased May 8 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 10 If less than one day
hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Jim Botkins

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

14. Maiden name Lucy Wieble

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

16. (a) Informant Ed Botkin

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 12/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Mo.

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

(b) Address U.S. White Ironton Mo.

19. (a) Dec-24-40 (b) Julius A. Benton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Centerville
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1940 hour 2 minute A M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
fracture of skull
(fracture)
Due to (accident)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec 16 - 1940
(c) Where did injury occur? near Centerville Reynolds Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
96th Highway

(Specify type of place)
While at work (e) Means of injury car wreck

23. Signature Arthur J. Benton (M. D. or other)
Address Ironton, Mo. Date signed Dec 18 1940

210 m
98

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.

P. O. Address.....

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42724

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Franklin
(b) City or town Stanton
(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 _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Chas. Earl Botkin

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

- that last saw him _____ alive on _____, 19____;

- and that death occurred on the date and hour stated above.

- Immediate cause of death fracture of skull

- accident

- Due to collision with another car.

- Due to _____

- Other conditions _____

- (Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) acc

- (b) Date of occurrence Dec 16 - 1940

- (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? Highway State maintained

- While at work? _____ (Specify type of place)

- (e) Means of injury gun

23. Signature J. H. Martin (M. D. or other) Coroner

- Address Stanton, Mo Date signed Feb 14 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

