

No. 2
4-13-40
5-17-39
I X23

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 82

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

1. PLACE OF DEATH

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 305 Lexington Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 305 Lexington Rd
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JOHN W. BOTKIN

(b) If veteran, name war 490-07-2073 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 7 minute 50 P.M.

4. Sex Male race White 5. Color or White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Deceased years 3 1894

7. Birth date of deceased Sept 3 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1940, to May 26, 1941; that I last saw him alive on May 26, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Coronary Arteriosclerosis

Due to White Regurgitation

Due to _____

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

10. Usual occupation Retired Barber

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) 920/13

MOTHER FATHER

12. Name Greenfield Botkin

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

14. Maiden name Mary E Cook

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Sarah Turney

(b) Address Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 41 (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo

18. (a) Signature of funeral director Starbuck

(b) Address Columbia, Mo

19. (a) 3/27/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

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? _____

While at work? 2 (Specify type of place) (e) Means of injury _____

23. Signature R. G. Lindsay (M.D. or other) MD

Address Columbia, Mo Date signed 3/27/41

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. 4132

P. O. Address Columbia, S.C.

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.