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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 35

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10085

Registrar's No. 278

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

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 3903 St. Joseph Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 3903, St. Joseph Ave.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Jane Bottorff
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 Widowed
6. (b) Name of husband or wife James Bottorff
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 20 (Day) 1865 (Year)

8. AGE: Years 75 Months 4 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace DeKalb Co. (City, town, or county) Mo. (State or foreign country) D
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Joseph Robinson
13. Birthplace Missouri (City, town, or county) (State or foreign country) D
MOTHER
14. Maiden name Sarah Moore
15. Birthplace Missouri (City, town, or county) (State or foreign country) D
16. (a) Informant A. H. Bottorff
(b) Address 3903 St. Joseph Ave. St. Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Oak Grove, Union Star
18. (a) Signature of funeral director Fischer Funeral Home
(b) Address Maysville Mo.
19. (a) 3-7-1941 (Date received local registrar) (b) W. J. Kestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1941 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb 26 1941 to Mch 7 1941 that I last saw her alive on 3-6- (11 PM) 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Bronchitis
Duration about 2 yrs
Due to
Due to
Other conditions arteriosclerosis
(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 L. C. Bauman (M. D. or other) M.D.
Address 620 Francis St. St. Joseph Mo. Date signed 3/7/41

(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.....

Not embalmed....., 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.