DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10531

Registration District No. 259

Primary Registration District No. 5359 4158

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County DeKalb

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 4years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32

(c) City or town Maysville 2
(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.? 0 years.

3. (a) PRINT FULL NAME John Lewis Bottorff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W idowed

6. (b) Name of husband or wife Mary Bottorff

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 1 (Day) 1859 (Year)

8. AGE: Years 81 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John H. Bottorff
13. Birthplace Indiana (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Ann Johnson
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant's own signature Jno Bottorff

(b) Address Maysville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Peden Funeral Home

(b) Address Maysville Mo

19. (a) 3-31-41 (Date received local registrar) (b) Ethel H Boner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1941 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from FEB. 14, 1941, to MAR. 29, 1941; that I last saw him alive on MAR 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BILATERAL HYPOSTATIC BRONCHO-PNEUMONIA	2 DAYS
Due to CARCINOMA TRANSUGASE COLON	UNDET.
Due to SENILITY	"
Other conditions. GENERALIZED 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 John M. Cooper M.D. (M. D. or other)

Address MAYSVILLE, MO Date signed 3-31-41

Rev. 5-17-39 1 X19511

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed..... Cecil T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo

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.