No. 21
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10953

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ten Days (Specify whether

In this community Sixty Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1 (If outside city or town limits, write "RURAL")

(d) Street No. 513 W Central 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clara Etta Masters

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) ~~Single, widowed, married, divorced~~ widowed

6. (b) Name of husband or wife Charles Henry

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

7. Birth date of deceased April (Month) 23 (Day) 1862 (Year)

8. AGE: Years 78 Months 11 Days 4 If less than one day — hr. — min.

9. Birthplace Logan County (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name George Botkin
13. Birthplace Unknown (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Watt
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ethel Masters

(b) Address Carthage Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) Mch 29, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1941 hour 5 minute 34 A M.

21. I hereby certify that I attended the deceased from 3/18, 1941, to 3/27, 1941 that I last saw her alive on 3/26, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	2 days
Due to Fractured Rt femur & fractured Rt Humerus	9 days
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy

186 W 18

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) Accident 049

(b) Date of occurrence 3/18/41

(c) Where did injury occur? Carthage (City or town) Jasper (County) Sm (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury fall

23. Signature [illegible] (M.D. or other) MD

Address Carthage, Mo Date signed 3/29/41

(Licensed Embalmer's Statement on Reverse Side)

44-406

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.....Emma L. Knell

Licensed Embalmer No.....391

P. O. Address.....Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.