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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32340

Registration District No. 732 Primary Registration District No. 4437 Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph Iwn

(b) City or town Higbee Mo
(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 72yrs. 9 mO. 8da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 088

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Mrs Olive A Bottoms

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank C Bottoms

6. (c) Age of husband ~~or wife if~~ alive 76 years

7. Birth date of deceased Dec 10 (Month) (Day) 1868 (Year)

8. AGE: Years 72 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name William Adams
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Frank C Bottoms
(b) Address Higbee Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 21 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) Sept-20, 1941 (Date received local registrar) (b) J. W. Winn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1941 hour 3 minute 10 p.M.

21. I hereby certify that I attended the deceased from December 3, 1937, to Sept 18, 1941;
that I last saw her alive on Sept 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia & shock from fall. Diseased condition or blood count was

Due to Maintained until fall as stated below at which time she became completely incapacitated and died.

Duration Since December 1937.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

186a
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

(b) Date of occurrence July 30, 1941 088

(c) Where did injury occur? Higbee (City or town) Randolph (County), Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Accidently fell from their
(Specify type of place)
While at work? (e) Means of injury Schock

23. Signature W. S. Durden D. or other
Address Higbee, Mo Date signed 9-19-41

(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.....

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

working under my personal supervision.

Signed E W Friemonth

Licensed Embalmer No. 3978

P. O. Address Glasgow, M

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

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