

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2638

FILED FEB 16 1942

State File No.

Registration District No. 476

Primary Registration District No. 5604

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Knos
(b) City or town Novelty
(c) Name of hospital or institution 1 S. R. R. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 82 yrs
In this community 82 yrs
years, months or days

3. (a) PRINT FULL NAME Henry Botts

3. (b) If veteran, name war ... 3. (c) Social Security No. ...

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife Amelia Hergert 6. (c) Age of husband or wife if alive 11 years 1831
7. Birth date of deceased July (Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 1 If less than one day ... hr. ... min.

9. Birthplace M. E. Danouenka (City, town, or county) (State or foreign country)

10. Usual occupation ...

11. Industry or business ...

12. Name Rufus Botts
13. Birthplace Hy (City, town, or county) (State or foreign country)
14. Maiden name Fisher
15. Birthplace ... (City, town, or county) (State or foreign country)

16. (a) Informant J. E. Epperson
(b) Address Edina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Novelty Cemetery

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) Jan 13 '42 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knos
(c) City or town Novelty
(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 ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12
year 1942 hour 4 minute 2 A. M.

21. I hereby certify that I attended the deceased from 1/4 to Jan 12 1942
that I last saw him alive on Jan 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Duration 4 hrs

Due to Smoking

Due to ...

Other conditions ...
(Include pregnancy within 3 months of death)

Major findings: Of operations ...

Of autopsy ...

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? ... (Specify type of place) Means of injury ...

23. Signature C. C. Johnson (M. D. or other) 2
Address Edina, Mo Date signed 12-42

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

2-42-208

FEB - 7 1942

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.....

Kurt Hudson

Licensed Embalmer No.....

2415

P. O. Address.....

Edina 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, fact should be so stated above.