

30224

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County DeKalb (Grant) Thy
(b) City or town Maysville Rural
(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, years, months or days)

3. (a) PRINT

FULL NAME Caroline Botts

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female

5. Color or
race W

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

6. (b) Name of husband or wife
James W. Botts

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

7. Birth date of deceased June

(Month)

19 1859

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

03

2

27

hr.

min.

9. Birthplace

Buchanan Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name Samuel Krayebuhl

13. Birthplace Switzerland

(City, town, or county)

(State or foreign country)

14. Maiden name Kathrine Rhinehart

(City, town, or county)

(State or foreign country)

15. Birthplace Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant John Botts

(b) Address Maysville, Mo. R.F.D.

Burial

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

Sept. 19-42

(c) Place: burial or cremation

Butler

18. (a) Signature of funeral director

Pilcher Funeral Home

(b) Address

Maysville, Mo.

19. (a)

9-16-42

(b)

Embalmer

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
(c) City or town Maysville R.F.D. 9
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 16
year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 10
1938, to Sept 16 1942
that I last saw her alive on Sept 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Supercarditis

Due to

Due to

Other conditions

Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work?

(Specify type of place)

Means of injury 2

23. Signature

W. R. Rhinehart (M. D.)

Address

Maysville, Mo. Date signed 9/16/42

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

1248

(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.....

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.