S. No. 2
M—5-42
5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3077

FILED FEB 5 1943

Registration District No. 274 Primary Registration District No. 54-1-2052 Registrar's No. 37

80
0
0

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Mo. R.F.D. 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. / 4
(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 10 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia R.F.D. 4
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lawrance A. Bothwell

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 3 Divorced

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 12 (Day) 1879 (Year)

8. AGE: Years 63 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Clay City Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation Attorney

11. Industry or business

FATHER
12. Name Henry C. Bothwell
13. Birthplace Clay City Ill. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary C. Meyers
15. Birthplace Ohio (City, town, or county) / (State or foreign country)

16. (a) Informant Miss. Lucy Bothwell

(b) Address Sedalia Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Clay City Ill.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 1/28/43 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

1028 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 26 day year 1943 hour 430 minute A M.

21. I hereby certify that I attended the deceased from Feb 18, 1940, to Jan 26, 1943 that I last saw him alive on Jan 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia (Cause unknown)	9 mos
Due to	
Due to	
Other conditions Cystitis and Pyelitis (Include pregnancy within 3 months of death)	
Major findings: Of operations Prostatectomy in 1937.	
Of autopsy Not made	

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 A. L. Walter (M. D. or other) MD

Address Sedalia Mo. Date signed 1-27-43

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-4-43

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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 Robert N. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.