

No. 2
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5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1943
Registration District No. 755

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6

Primary Registration District No. 4244

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(c) Name of hospital or institution:
705 N. Tenn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 53 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 705 N. Tenn.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James A. Botkins
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lola 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb. 5 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Plattsburg Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Wm. J. Botkins
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Morris
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Botkins
(b) Address 705 N. Tenn. Carterville, Mo.

17. (a) Burial (b) Date thereof 7/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville, Mo.

18. (a) Signature of funeral director Parker - Hunsaker
(b) Address Jonlin, Missouri

19. (a) July 25, 1943 (b) Miss Billie Layle
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from 6-25-42
7-22-43 19____ to 19____;
that I last saw him alive on July 22 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to _____

Due to _____

Other conditions g30
(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) (e) Means of injury 2

23. Signature M. Pence (M. D. or other) Do
Address Carterville, Mo. Date signed 7-24-43

43-7-624

AUG 11 1943

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 Steve Parker
Licensed Embalmer No. 2548
P. O. Address Johns

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.