

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 31 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20120  
Registrar's No. 175

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:  
(a) County RANDOLPH  
(b) City or town MOBERLY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: M'CORMICK HOSP. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DA. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County MONROE  
(c) City or town MADISON  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME MYRTLE BELLE BOTKINS  
(b) If veteran, name war ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month aug day 12 year 1943 hour 8 minute 15 P.M.

4. Sex FEMALE 5. Color or face WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARLIN BOTKINS  
6. (c) Age of husband or wife if alive 64 years

21. I hereby certify that I attended the deceased from aug 9 1943 to aug 12 1943 that I last saw her alive on aug 12 1943 and that death occurred on the date and hour stated above.

7. Birth date of deceased FEB 6, 1891  
(Month) (Day) (Year)  
8. AGE: Years 52 Months 6 Days 6 If less than one day hr. min.

Immediate cause of death Gangrene of Lung Left 3 wks  
Due to Lobar Pneumonia Left 3 wks

9. Birthplace MONROE Co., MO. O  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Other conditions also syphilis Left  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name M. L. ROBERSON  
13. Birthplace MONROE Co., MO. O  
(City, town, or county) (State or foreign country)  
14. Maiden name MOLLIE HEATHMAN  
15. Birthplace MONROE Co., MO. O  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: 108  
Of operations  
Of autopsy

16. (a) Informant Myrtle Botkins  
(b) Address MADISON, MO  
17. (a) BURIAL (b) Date thereof AUG 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MADISON, MO  
18. (a) Signature of funeral director Speed Blakey  
(b) Address PARIS, MO  
19. (a) 8-13-43 (b) Irma Love  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury  
23. Signature P. L. McCormick (M. D. or other M. D.)  
Address Moberly mo. Date signed 8-12-43

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

SEP 1 1943

RECEIVED

District Health Officer No. 10

District File Number 2-15-1434

Date Filed AUG 27 1943

**AUG 24 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 *W. Blakely*

Licensed Embalmer No. 2616

P. O. Address PARIS, 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.