

FILED DEC 15 1948

Registration District No. ....

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
610 Woodlawn  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME William Warren Botts

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

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

7. Birth date of deceased Dec. 18, 1858  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 28 hr. .... min.

9. Birthplace Audrain County, Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business .....

MOTHER FATHER { 12. Name Thomas A. Botts  
 13. Birthplace Va. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Virginia Chowling  
 15. Birthplace Tenn. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. Botts  
 (b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 11/12/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director W. W. Arnold  
 (b) Address Mexico, Mo.

19. (a) 11/10/43 (b) Margaret H Mackie  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4  
 (c) City or town Mexico 1  
 (If outside city or town limits, write "RURAL") 2  
 (d) Street No. 610 Woodlawn  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
 year 1943 hour 3:25 minute 7 P. M.

21. I hereby certify that I attended the deceased from Nov 10 1943 to Nov 10 1943  
 that I last saw him alive on Nov 10 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease  
 Duration 94a  
 Due to .....

Other conditions General arteriosclerosis  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: None  
 Of operations .....  
 Of autopsy None  
 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) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? no  
 (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 .....

23. Signature W. W. Trasher (M. D. or other) MD  
 Address Mexico, Mo Date signed 11/10/43

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

2  
42  
7-39  
X32873

MOTHER FATHER

1074

RECEIVED

District Health Officer No. 10

District File Number 12-43-1984

DEC 13 1943

Date Filed \_\_\_\_\_

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 Chris Arnold

Licensed Embalmer No. 3569

P. O. Address Winton, 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.