

FILED FEB 3 1944

Primary Registration District No. 1002

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Little Sisters of Poor  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 yr.  
(Specify whether years, months or days)  
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5331 Highland Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS BOTSFORD

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 2nd 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dubuque, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Abel Moss Botsford

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Julianne Moriarity

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. St. White  
 (b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof 1/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank J. Dolan

(b) Address 20 West Linwood, K.C., Mo.  
 19. (a) Jan 12 1944 (b) J E Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th  
 year 1944 hour 8:30 PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of the stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy See above

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) \_\_\_\_\_  
 (a) Means of injury \_\_\_\_\_

23. Signature [Signature] 3 (M. D. or P. D.)  
 Address Kew Date signed \_\_\_\_\_

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
43  
39  
85497

**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..... *Charles M Quin* .....

Licensed Embalmer No..... *3724* .....

P. O. Address..... *K.C. Mo* .....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.