

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18315**
Registrar's No. **288**

FILED JUN 15 1944

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 Seargeant Ave;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **47 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Minnie Botkin**

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

4. **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **James W. Botkin** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **Jan. 9, 1867**
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **25**
If less than one day hr. min.

9. Birthplace **Stevens Co. Ill;**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **William Kline**
13. Birthplace **Lancaster Penn;**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Herold**
15. Birthplace **Baden Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address **715 Seargeant Ave; Joplin Mo;**

17. (a) **Burial** (b) Date thereof **6-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ozark Memorial Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co;**
(b) Address **Joplin Mo;**

19. (a) **6-6-44** (b) **Gustave Sudhorst**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **715 Seargeant Ave;**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 3,** day **1944.**
year **about** hour **Noon** minute M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I last saw him alive on **Did not see her alive**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**
Due to **Coronary Sclerosis**

Other conditions (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 **Coronary**
23. Signature **R. H. Webster** (M. D. or other)
Address **Cartage** Date signed **June 4.**

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

1204

44

44-5-483

JUN 30 1944

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.....

Richard Gray Lewis....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 95-9

P. O. Address Superior, N.C.

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.