

FILED FEB 16 1945

Registration District No. _____

Primary Registration District No. 5423

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Novelty rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Salt River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME George Botts

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, widowed 9
6. (b) Name of husband or wife Nettie Bodkin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct - 27 - 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Benjamin Botts
13. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mitchel
15. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Botts
(b) Address Edina

17. (a) burial (b) Date thereof Jan-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Novelty Missouri

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Missouri

19. (a) Jan 25-45 (b) Nettie North
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Novelty rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles north west of Novelty
Salt River
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10 1945 to Jan 18 1945;
that I last saw him alive on Jan 18 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Offspring Duration 8 days
Due to Hypertension 2 yrs.
Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature: C. C. Hudson (M.D. or other) 200
Address Edina Mo. Date signed Jan 25-45

RECEIVED
District Health Officer No. 10
District File Number 2-45-358
Date FEB 14 1945

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

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address

Edina, Minnesota

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.