

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41571

FILED JAN 2 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 480

1. PLACE OF DEATH:

(a) County PETTIS
 (b) City or town SEDALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
110 E 6TH ST. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community LIFE
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME WILEY S. BOTTS

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

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 SEPT. 19 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 3 2 hr. min.9. Birthplace PETTIS Co Mo. U
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED

11. Industry or business.....

MOTHER FATHER
 12. Name WILLIAM BOTTS
 13. Birthplace TENN. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name EMILY CARRINGTON
 15. Birthplace N.C. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant EMMA BOTTS(b) Address SEDALIA, MO17. (a) BURIAL (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WALNUT BRANCH18. (a) Signature of funeral director Geo. Williams(b) Address Sedalia, mo.19. (a) 12/23/46 (b) Betty Yeager
(Date received local registrar) (Signature of registrar)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS 80
 (c) City or town SEDALIA 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 110 E 6TH ST. 4
 (If rural, give location)
 (e) Citizen of foreign country? No. 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 21
year 1946 hour 10 minute 30 A.M.21. I hereby certify that I ^{viewed} attended the deceased from as coroner
12/21 1946, to..... 19.....that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.Immediate cause of death.....
Chronic Endo condition 7 yr.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations..... 92E

Of autopsy.....

22. If death was due to external causes, fill in the following:

(c) 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..... 223. Signature H. T. Holden (M.D. or other) doAddress 715 Ely St. Sedalia, mo. Date signed 12/23/46

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

40004

251

coroner

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-30-46

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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Seabrook 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.