

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20101

State File No. \_\_\_\_\_

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 17

1. PLACE OF DEATH:

- (a) County Boone  
(b) City or town Centralia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Entire life  
years, months or days

3. (a) PRINT FULL NAME Kinnie Earl Botkin

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Rinton Botkin  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased May 21 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 0 15 hr. min.

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

10. Usual occupation Housewife

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

12. Name James H. Turner  
13. Birthplace Boone Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sallie SHAK  
15. Birthplace Andrain Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Botkin  
(b) Address Columbia, Missouri

17. (a) Burial (b) Date thereof 6-8-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo. Cemetery

18. (a) Signature of funeral director Ballou Funeral Service  
(b) Address Centralia, Missouri

19. (a) June 10/47 (b) Maud M. Bride  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Boone 10  
(c) City or town Centralia 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

- (e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from October 2, 1946, to June 6, 1947  
that I last saw him alive on June 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs

Due to Arterial hypertension 10 yrs

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

Other conditions Obesity 15 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —  
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) (e) Means of injury —

23. Signature L. Pachance (M. D. or other) M.D.  
Address Centralia, Mo Date signed 6-7-47

6-18-47 Date Filed

District File Number

District Health Officer No. 9,

RECEIVED

### 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 *Paul J. Baller*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.