

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Menorah Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/14/48 - 3/26/48  
(Specify whether)

In this community 30 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON

(c) City or town MISSION  
(If outside city or town limits, write "RURAL")

(d) Street No. 5206 BIRCH  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Horace Botseford  
CASAD

3. (b) If veteran, name was SPANISH AMERICAN

3. (c) Social Security No. 450-20-1850

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 26  
year 1948 hour 2 minute 07 P.M.

21. I hereby certify that I attended the deceased from mar 14  
1948 to mar 26 1948

that I last saw him alive on mar 26  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced HARRIED

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased NOVEMBER 29 1877  
(Month) (Day) (Year)

Immediate cause of death Pulmonary infarction

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

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

Other conditions (include pregnancy within 3 months of death) !!! a

8. AGE: Years 70 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace YELLOW SPRINGS OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

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

Of autopsy multiple infarcts

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business 12 YEARS

12. Name ULYSES S. BOTSFORD

13. Birthplace UNKNOWN NEW HAMPSHIRE  
(City, town, or county) (State or foreign country)

14. Maiden name FLORA CASAD

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

16. (a) Informant Mrs. MAY BOTSFORD

(b) Address 5206 BIRCH - MISSION KANSAS

17. (a) CREMATION (b) Date thereof MARCH 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-29-48 (b) Sheldine Holman  
(Date received local registrar) (Registrar's signature)

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 1

23. Signature M L Fredman (M. D. or other) M.D.

Address 314 Yargyle Bldg Date signed Mar 26 1948

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

18  
3  
8

APR 1 9 1948

**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

*Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.**