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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16809

Registration District No. 169 | Primary Registration District No. 4258 | Registrar's No. 221

1. PLACE OF DEATH:
(a) County: Knox
(b) City or town: Edina
(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 years, months or days)
In this community: 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox
(c) City or town: Edina
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: Sheldon Edgar Botsford

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

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wife Margaret Fowler
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Nov (Month) - 15 (Day) - 1869 (Year)

8. AGE: Years 78 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Edinburg (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Minister.
11. Industry or business .....

FATHER
12. Name: Amos Botsford.
13. Birthplace: uk (City, town, or county) uk 9 (State or foreign country)

MOTHER
14. Maiden name: Olivia Witten
15. Birthplace: uk (City, town, or county) uk 9 (State or foreign country)

16. (a) Informant: Carsey T. Botsford
(b) Address: Edina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Linville - Edina, Mo.
18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina, Missouri.
19. (a) May-14-48 (Date received local registrar) (b) Neil S. Nusbaum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1948 hour 7 P.M. minute 30 M.
21. I hereby certify that I attended the deceased from Jan. 10 1948 to May 7 1948 that I last saw him alive on May 7 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of Lungs + Liver | 1 yr. |
| Due to | |
| 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): No
(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: M. E. Lunman (M. D. or other)
Address: Edina, Mo Date signed May 11 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-88
Date Filed MAY 17 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.**