

REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32374  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. 253  
 (c) City Independence (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 216 E. 7th Street 320 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE Cobalt 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Julia Botts

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-6-1896

I last saw him Sept 18, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 A m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 6 12

Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. light plant  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2 yrs

Sunshot wound leg  
ruptured artery, cut

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance: 1/2

FATHER 13. NAME Edward Botts

Hemorrhage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

MOTHER 15. MAIDEN NAME Agnes Neim

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? homicide Date of injury 9-10, 1938

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Where did injury occur? Dodgeon & E. Magee  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Armanda Spence  
422 W. 7th St

Manner of injury gunshot wound

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE 9-20, 1938

Nature of injury ruptured artery, cut wound

19. FUNERAL DIRECTOR (ADDRESS) C. E. Waring  
312 E. Lexington

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

20. FILED 9-24-1938 F. L. Cook Local Registrar

(Signed) Flomby, M. D.  
 (Address) Weytown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**