

FILED AUG 23 1940

State File No. _____

Registration District No. 396

Primary Registration District No. 5552

Registrar's No. _____

1. PLACE OF DEATH: Jackson First Stage
 (a) County Jackson
 (b) City or town Buckner RR
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: his home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 60 yrs
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Buckner RR
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? XX years.

8. (a) PRINT FULL NAME Frank L. Botts 320
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 5th/40
 year 1940 hour 9 minute 15 AM M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Elizabeth Botts
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased June 7 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 8, 1940, to July 5, 1940;
 that I last saw ~~her~~ him alive on July 5, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 28
 If less than one day _____ hr. _____ min.

Immediate cause of death Cancer Descending Colon
 Duration _____

9. Birthplace Buckner Mo.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 46

11. Industry or business _____

MOTHER FATHER { 12. Name Romulus Botts
 18. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Miss Parthenia Peerson
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

Major findings: Of operations No Operation
 Of autopsy No Autopsy
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Elizabeth Botts
 (b) Address Buckner Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 7/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Buckner Mo.

(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? 358
 While at work _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director V. M. Reppert
 (b) Address Buckner

23. Signature John W. Robertson (M. D. or other) _____
 Address Buckner Mo Date signed July 6-40

19. (a) July 6, 1940 (b) John W. Robertson
 (Date received local registrar) (Registrar's signature)

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

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 V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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, above space should be left blank.