

FILED MAR 14 1941
Registration District No. **399**

Primary Registration District No. **1002**

18
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K.C. T. B. M. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 6 mos 21 days
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2908 Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bottee, John -

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug 2 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 8 19 hr. min.

9. Birthplace Welch Parish La.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business:

MOTHER FATHER

12. Name Bottee, John -

13. Birthplace ?

14. Maiden name Mary Allison

15. Birthplace Louisiana

16. (a) Informant K.C. T. B. M. Hosp - Records

(b) Address K.C. T. B. M. Hosp. Lecky Mo.

17. (a) Burial (b) Date thereof 2-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Lawn

18. (a) Signature of funeral director Mrs. J. M. Jones

(b) Address 1616 State Ave.

19. (a) 2-2-41 (b) M. M. Crave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 12 PM minute 10 PM

21. I hereby certify that I attended the deceased from June 30 1938
to Jan 21 1941
that I last saw him alive on 1-21-41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage due to Far advanced Tuberculosis

Due to 1213

Due to 1213

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1213

Of autopsy _____

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? 3101

While at work? _____ (Specify type of place)

(e) Means of injury D

23. Signature O. C. Hoyer, M.D. Registrar

Address K.C. T. B. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Eugene English

....., Registered Apprentice No.

working under my personal supervision.

Signed

Eugene English

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave. N.C.*

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.