

No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10620**

Registration District No. **308**

Primary Registration District No. **5417**

Registrar's No. **4**

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Franklin*

(a) County *Franklin*

(b) City or town *Rural - Lyon 2000*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *New Haven, Mo. R.F.D.#11*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *none*
(Specify whether years, months or days) *79 yrs. 10 mo. 19 da.*

3. (a) PRINT FULL NAME *HERMANN WILLIAM BOTTAMILLER*

3. (b) If veteran, name war *none*

3. (c) Social Security No.

4. Sex *Male*

5. Color or race *White*

6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Crescencia Klagger*

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

7. Birth date of deceased *April 27 1861*
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **19**
If less than one day hr. min.

9. Birthplace *Casco Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *Retired Farmer*

11. Industry or business *Own Farm*

MOTHER FATHER

12. Name *Henry Bottamiller*

13. Birthplace *Unknown Germany*
(City, town, or county) (State or foreign country)

14. Maiden name *Unknown, Vermers*

15. Birthplace *Unknown Germany*
(City, town, or county) (State or foreign country)

16. (a) Informant *Walter H. Bottamiller*

(b) Address *New Haven, Mo. R.F.D.#1*

17. (a) *Burial* (b) Date thereof *Mar 19 1941*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *New Haven, Mo.*

18. (a) Signature of funeral director *Nieburg & Witt, Inc. by*

(b) Address *Washington, Missouri 64784*

19. (a) *3-17-41* (b) *J. Matthews*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Franklin*

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

(d) Street No. *1130 E. 3rd. St.*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *16*
year *1941* hour *7* minute *30 A.M.*

21. I hereby certify that I attended the deceased from *Feb 28-41*
10 to *Mar. 16*, 19*41*
that I last saw him alive on *Mar. 12*, 19*41*
and that death occurred on the date and hour stated above.

Immediate cause of death *Mitral Stenosis of Heart*

Due to *arteriosclerosis*

Other conditions *none*
(Include pregnancy within 3 months of death)

Duration *1 month*

11-4-38

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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) _____

(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? *271*
(Specify type of place) (e) Manner of injury _____

23. Signature *J. Matthews* (M. D. or other) *D*
Address *Washington Mo* Date signed *3/17/41*

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 Me

Lester H. Witt

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.