

FILED FEB 3 1948
 Registration District No. **11**

Primary Registration District No. **3028**

Registrar's No. **187**

1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **10 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin**
 (c) City or town **Union**
(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 _____

3. (a) PRINT FULL NAME **Abraham Lincoln Bottoms**
 3. (b) If veteran, name war **X**
 3. (c) Social Security No. **X**

4. Sex **male** 5. Color or race **negro**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Sarah E. Bottoms**
 6. (c) Age of husband or wife if alive **75** years
 7. Birth date of deceased **February 10 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **14**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **Janitor**

11. Industry or business _____

12. Name **Tony Bottoms**

13. Birthplace **Robertsville Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dant** **Knowl**

15. Birthplace **Dant** **Knowl**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah E. Bottoms**

(b) Address **Union Mo.**

17. (a) **Burial** (b) Date thereof **1/29/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Babey Robertsville Mo.**

18. (a) Signature of funeral director **E. P. O. ...**

(b) Address **Union Mo.**

19. (a) **JAN 26 1948** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **24th**
 year **1947** hour **6** minutes **30** **A.M.**

21. I hereby certify that I attended the deceased from **1-19 1948** to **1-24 1948**
 that I last saw h. **live** on **1-23-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
 Duration **5 days**

Due to **Arterio Sclerotic Cardiac Vascular Disease**
 Due to _____
 Duration **5 yrs.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **G3F**
 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) _____

(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? _____

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

23. Signature **B. A. Stuhlman** (M. D. or other) **M.D.**

Address **Union, Mo.** Date signed **1-24-48**

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

36
6
2

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 2 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..... *E. F. Olman*

Licensed Embalmer No..... *1686*

P. O. Address..... *Union 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.