

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4729  
State File No. \_\_\_\_\_  
585  
Registrar's No. \_\_\_\_\_

FILED FEB 23 1948

Registration District No. 149

Primary Registration District No. 1002

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:  
4025 Virginia Avenue 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 4025 Virginia Avenue 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. NELLIE O. BOTT

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8<sup>th</sup>  
year 1948 hour 7 minute 00 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife MR. Warren Bott

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: March 12 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1948, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 10 Days 27 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Coronary occlusion

Due to Generalized atherosclerosis

Due to \_\_\_\_\_

9. Birthplace Wooster Ohio 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 942

Of operations: \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown Prowell 7

13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Miller

15. Birthplace Wooster Ohio 1  
(City, town, or county) (State or foreign country)

Of autopsy yes as above

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? \_\_\_\_\_

16. (a) Informant Earnett S. Bott

(b) Address 6908 Laurel

17. (a) Burial (b) Date thereof Feb. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature James Walker (M. D. or other) Walker

Address 1424 1/2 St. N.W. Date signed 2-8-48

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-10-48 (b) J. M. Holmes  
(Date received local registrar) (Registrar's signature)

917 1818

**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 Jess T. Deuss  
Licensed Embalmer No 4453  
P. O. Address Kansas City

**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.**