FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 32020

Registrar's No. 1169

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community Life 5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2607 St. Joseph Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Raymond Eugene Botts

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 1, 1947 (Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 25 If less than one day hr. min.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business none

FATHER
12. Name Louis Botts
13. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Iva Flint
15. Birthplace Wathena, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Iva Botts

(b) Address 2607 St. Joseph, Ave. St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director CLARK FUNERAL HOME Earl A. Clark

(b) Address 120 Illinois Ave. St. Joseph, Mo.

19. (a) Nov 4, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1948 hour 5 minute 45 p M.

21. I hereby certify that I attended the deceased from 10-26, 1948, to 10-26-48 19 ; that I last saw him alive on 10-26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Laryngeo-tracheo-bronchitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. E. Peterson (M. D. or ~~other~~)

Address St. Joseph Mo. Date signed 10-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 B. J. Chaney, Registered Apprentice No. 294 working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.