

FILED DEC 3 1942

7-3550

Primary Registration District No. 40954081

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CARROLL Co
(b) City or town Bosworth Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CARROLL
(c) City or town Bosworth Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Specify country)
If yes, name country _____

3. (a) PRINT FULL NAME MARY FRANCIS BOTTE

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex FI 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Albert George 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 29 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation: House wife

MOTHER FATHER

11. Industry or business _____
12. Name John Rittman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name DELLA SANDERS
15. Birthplace WARRERSBURG MO
(City, town, or county) (State or foreign country)

16. (a) Informant Albert George
(b) Address Bosworth Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) COLOMA
(c) Place: burial or cremation Coloma Cemetery

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Mo

19. (a) Nov-9-42 (b) Ruth Perry Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 8
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 7
1942 to Nov 8 1942
that I last saw her alive on Nov 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial coma Duration _____

Due to Arterial induration

Due to _____

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

Major findings: Of operations 61

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 Albert George (M. D. certificate)
Address Bosworth Mo Date signed Nov 9/42

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

17
0
0

Death Certificate NO. 0,
District File Number _____
Date Filed 12-2-42

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 David J. Edwards
Licensed Embalmer No. 3265
P. O. Address Boxworth Md

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.