

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-2-37 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

8792
Do not fasten here.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Missouri (d) Street No. BA St. HOSPITAL
 (If death occurred in Hospital, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) 22 in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2381

2. PRINT FULL NAME Jennie Betheny 350

- (a) Residence, No. 2671 Scott St. 22 nonresident, give city or town and State
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Betheny</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22 - 1900</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>1</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (year) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (year) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lorokle county Ark.</u>	
	13. NAME <u>Linternat Johnson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ark.</u>	
	15. MAIDEN NAME <u>Sarah Martin</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lorokle county Arkansas</u>	

17. INFORMANT (ADDRESS) <u>Linternat Johnson Scotts Arkansas</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Little Rock Ark. 3-10-38</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>C. Young 4400 Broadway</u>
20. FILED <u>MAR 10 1938</u> <u>J. B. Brebeck</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-19-38, 1938, to 3-8-38, 1938.
 I last saw her alive on 3-8-38, 1938. Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction, post-operative
546 for myomata, Benign
 Date of onset 3/4/38

Other contributory causes of importance:
Pt. had supravag hysterectomy 10 days prior to developing intestinal obstruction. Died 24 hrs after operation to relieve obstruction.

Name of operation relieve obstruction Date of 3/1/38
 What test confirmed diagnosis?..... Was there an autopsy? No

23. [If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Ernest M. Bricker, M. D.
 (Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Young, Licensed Embalmer No. 3371
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clayton M. Young
Licensed Embalmer No. 3371

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.)