

REC'D JAN 6 1938

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

44033

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot(b) Township Concord

(c) City

(d) Street No.

Registration District No. 653Primary Registration District No. 5865Registered No. 188(e) Length of residence in city or town where death occurred
3 1/2 yrs. 4 mos. 1 ds. Lived in state 15 years

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harret Bets(a) Residence, No. Swift, Mo.St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

colored

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Howard Bets

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

54

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.

house work

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pontotoc County, Miss.

FATHER

13. NAME

William Lawrence

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

D. K.

MOTHER

15. MAIDEN NAME

D. K.

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

D. K.

17. INFORMANT Jessie Jackson

(ADDRESS)

603 Lloyd St. Memphis, Tenn

18. BURIAL, CREMATION, OR REMOVAL

PLACE Swift, Mo.DATE 12-13

1938

19. FUNERAL DIRECTOR Ray Undertaking Co.

(ADDRESS)

Hayti, Mo.

20. FILED

Dec 13 1938J. R. Rhodes

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 12, 38 1922. I HEREBY CERTIFY, That I attended deceased from
Dec., 10, 38, 19, to Dec., 11, 38, 19I last saw her alive on Dec., 11, 38, 19. Death is said
to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

Influenza --- About Dec. 7-28

Other contributory causes of importance:

Broncho-PneumoniaName of operation None

Date of

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

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? No

If so, specify

(Signed)

(Address)

J. A. D. Rhodes
Hayti, Mo.

M. D.

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

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.

STATEMENT BY LICENSED EMBALMER

I, **Jack Kelley**, Licensed Embalmer No. **3788**

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 *Jack Kelley*

Licensed Embalmer No. **3788**

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.)