

REC'D SEP 21 1939

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

29899
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 3032 Registered No. 243
 (c) City Sedalia (d) Street No. 321 North Grand St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

328 Carmen Bettise
 (a) Residence, No. 321 North Grand St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1939 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. Bettise

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to August 5, 1939
 I last saw h. s. alive on July 31, 1939. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 11

Cardiac embolism

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) 11. Total time (years) spent in this occupation

Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Hampton

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

15. MAIDEN NAME Mittie Belle Burkhart

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

Other contributory causes of importance:

Chronic Nephritis

Name of operation _____ 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 _____, 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? No

If so, specify _____

(Signed) Edward W. Schaefer, M. D.

(Address) 108 E. 5th Sedalia, Mo.

17. INFORMANT (ADDRESS) John D. Bettise
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE Aug. 8, 1939 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 8-8-39 Mrs Harry Cneld
Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE very important.

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4

FILED
of File Number
9/7/39
of Health Officer No. 8th

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,

Geo. Duane, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Geo. Duane

Licensed Embalmer No.

3868

P. O. Address.....

Seaboard

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, above space should be left blank.