. No. 2
-11-10-39
5-17-40
1 X21492

10

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21807

Registration District No. 327 Primary Registration District No. 5457 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Grundy

(b) ~~City or town~~ Rural Myers Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2

(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 Grundy

(c) City or town Rurial
(If outside city or town limits write "RURAL")

(d) Street No. Myers Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Larry Betz 320

3. (b) If veteran, name war

3. (c) Social Security No.

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 June (Month) 17 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 22 hr. 30 min.

9. Birthplace Grundy Co (City, town, or county) MO (State or foreign country) 0

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Clifford Betz
13. Birthplace Grundy Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Jane Leytham
15. Birthplace Grundy Co. (City, town, or county) MO (State or foreign country)

16. (a) Informant Clifford Betz
(b) Address Spickard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 19 (Day) 1940 (Year)
(c) Place: burial or cremation South Evans Cem

18. (a) Signature of funeral director Chas E Schoole
(b) Address Spickard Mo

19. (a) 6-18-40 (Date received local registrar) (b) U C Weston (Registrar's signature) 200 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 8 minute 30 p M.

21. I hereby certify that I attended the deceased from June 17, 1940, to June 18, 1940, that I last saw him alive on June 18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital heart lesion	Few hours
Due to	
Due to 157C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy NO	

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?
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature C L McClaughlin (M. D. or other) 1
Address Spickard, Mo. Date signed June 19, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 740-127
Date Filed JUL 6 1940

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

If this body is not embalmed, above space should be left blank. Not Embalmed