

FILED SEP 19 1940

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

28357
Do not use this space.

1. PLACE OF DEATH

(a) County CRAWFORD Registration District No. 2
(b) Township COURTOLA Primary Registration District No. 5316
(c) City _____ (d) Street No. _____ 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 BETTY MANILENE CLONTS

(a) Residence, No. _____ St. BUTTS MISSOURI
(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 8, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) CRAWFORD COUNTY
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME LEVERTIA CLONTS

14. BIRTHPLACE (CITY OR TOWN) CRAWFORD COUNTY
(STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME HATTIE ALICE WISDOM

16. BIRTHPLACE (CITY OR TOWN) CRAWFORD COUNTY
(STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE July 10 1940

19. FUNERAL DIRECTOR (NAME) _____ (ADDRESS) 209

20. FILED Sept 8 1940 J. E. Sanders
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 8 1940

22. I HEREBY CERTIFY, That I attended deceased from JULY 8, 1940 to _____, 19____

I last saw her alive on JULY 8, 1940. Death is said to have occurred on the date stated above, at 11:30 AM.

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

PREMATURITY

Date of onset

159

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) William H. P. ...

(Address) Steelville, Missouri

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.

RECEIVED

District Health Officer No. 5,

District File Number 940960

Date Filed _____

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 with the above constitutes grounds for revocation of license.)

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