

NOV 25 1940
Registration District No. 829

Primary Registration District No. 6206

State File No. _____
Registrar's No. 11

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural - Washington 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) _____
(d) Length of stay: In hospital or institution x _____ (Specify whether _____)
In this community life _____
years, months or days

3. (a) PRINT FULL NAME Francis M. Betterman
3. (b) If veteran, name war x 3. (c) Social Security No. x

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Betterman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 29 x hr. x min.

9. Birthplace Webster Co., Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer _____

11. Industry or business Farm _____

MOTHER FATHER
12. Name Frank Betterman _____
18. Birthplace Missouri _____
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Wilkerson _____
15. Birthplace Kansas _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Jessie Betterman

(b) Address Niangua, Missouri

17. (a) Burial (b) Date thereof Sept. 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niangua

18. (a) Signature of funeral director For Parry

(b) Address Marshfield, Missouri

19. (a) Sept 25 40 (b) E. M. Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 16
1940 to Sept 15 1940;
that I last saw him alive on Sept 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of heart

Due to CHRONIC MYOCARDIOSIS

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

42 _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. H. Spencer (M. D. or other) Dr.

Address Marshfield - Date signed 10-7-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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. 6,

District File Number 1040-2783

Date Filed OCT 25 1949

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. 312

P. O. Address Marshfield, Mo.

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.