No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10944

State File No.

APR 3 1941

Registration District No. 405

Primary Registration District No. 4239

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Alba
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No Street Number 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Alba 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. No Street Number
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harry C. Betebenner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Threasa Penny Betebenner

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 15th, (Day) 1866 (Year)

8. AGE: Years 74 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Polo, (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Ret'd. Contractor

11. Industry or business

FATHER
12. Name Thomas Betebenner
13. Birthplace (City, town, or county) Maryland 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gantz
15. Birthplace (City, town, or county) Maryland 1 (State or foreign country)

16. (a) Informant Miss Mae Betebenner

(b) Address Alba, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison Ave., Carthage, Mo.

19. (a) Mar. 10-1941 (Date received local registrar) (b) Effie Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th, year 1941 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 3-7-41, 19__, to 3-8, 1941; that I last saw him alive on 3-8-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
367 (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Hobart S. Berry (M. D. or other) DO

Address Alba Date signed 3-8-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-296.

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.....2222

P. O. Address.....Carthage

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

If this body is not embalmed, fact should be so stated above.