

FILED DEC 10 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1115

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether years, months or days)
In this community 13 Days

3. (a) PRINT FULL NAME Bettie Lower

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Oct 20 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Sampson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Berlin
(b) Address St Joseph Mo
17. (a) Burial (b) Date thereof Nov 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Fleeman T. Smith
(b) Address St Joseph Mo
19. Nov 23 1941 (b) H. H. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town De Kalb
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 8 1941 to Nov. 20 1941
that I last saw her alive on Nov. 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 12 days

Due to Arteriosclerosis General ?

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. H. Westphal (M. D. or other) M. D.
Address St Joseph Mo Date signed 11/23/41

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.....

John H. Hurley....., Registered Apprentice No.
working under my personal supervision.

Signed.....

John H. Hurley

Licensed Embalmer No. 4056

P. O. Address. St Joseph 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, fact should be so stated above.