V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14583

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 174

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

49
5

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 115 N. Byers
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Dewey Bethel

3. (b) If veteran, name war

3. (c) Social Security No. 494-07-4864

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Celeste

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 14 (Month) (Day) 1897 (Year)

8. AGE: Years 44 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Avilla, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Insulation Division

11. Industry or business Eagle Picher Lead Co

FATHER
12. Name A. W. Bethel
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Alice Manley
15. Birthplace Cassville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Celeste Bethel

(b) Address 115 N. Byers Joplin, Missouri

17. (a) Sons Funeral Home Kansas City Mo (Burial, cremation, or removal) (b) Date thereof 4-29-42 (Month) (Day) (Year)

(c) Place: [redacted] or cremation D. W. Newcomer Funeral Home Kansas City, Missouri

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 4-28-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/8/42, 19 to 4/26/42, 19 that I last saw him alive on 4/26/42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Acute Nephritis

Due to

Other conditions Gastric ulcer
(Include pregnancy within 3 months of death)

Major findings: Of operations Sub Total Gastrectomy

Of autopsy no- 118.12

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E Ernest Johnson (M. D. or other)

Address 524-28 + Rice Date signed 4/28/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42.4-425

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 Cecil A. Mombell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.