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7-5-17-39
P-1 X32873

40159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 38

Primary Registration District No. 2006-5420

Registrar's No. 298

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
blair 6th st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 170
(c) City or town Columbia 5
(If outside city or town limits, write "RURAL")
(d) Street No. 610 1/2 N 6th St 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elwood H. Betz

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23rd
year 1942 hour 1A minute A M.

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Bessie Alice Betz 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased May 10th 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years 57 Months 7 Days 13 If less than one day
..... hr. min.

Acute Cardiac Failure
with Pulmonary Edema

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

Due to.....
Due to.....

10. Usual occupation Carpenter Lather

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

11. Industry or business "Andrew Betz"

Major findings:
Of operations..... 111C

12. Name Andrew Betz

13. Birthplace BK Va
(City, town, or county) (State or foreign country)

14. Maiden name Luey Nichols

15. Birthplace BK Va
(City, town, or county) (State or foreign country)

Of autopsy as above

16. (a) Informant Russell Betz
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Dec 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

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 (a) Means of injury.....

18. (a) Signature of funeral director R. A. Willett
(b) Address Columbia Missouri

19. (a) 12-25-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature Moira McEwan (Name)
Address Columbia Mo Date signed 12/24/42

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

11/25/50

520
1/43

1251

JAN 5 191

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.....

A. W. Sweet
3183

.....
Licensed Embalmer No.....

.....
P. O. Address.....

Columbia

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.