

Registration District No. 9-3-6-0265 Primary Registration District No. 6-49-5895 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Thornfield Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Betsy Jane Gillette

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Nov. 27 1961
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name Isaac House
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Halk
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. Gillette
(b) Address Thornfield, Mo.

17. (a) Burial (b) Date thereof Jan. 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Baptist Hill

18. (a) Signature of funeral director D. B. McClure
(b) Address Mtn. Home Ark.

19. (a) Feb. 1, 43 (b) Hattie S. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark
(c) City or town Thornfield (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 1943
year hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec. 1 1942 to Jan. 21 1943
that I last saw her alive on Jan. 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
& senility

Due to.

Due to.

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

Major findings: 101
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?

While at work? (Specify type of place)

(e) Means of injury.

23. Signature A. R. Beach (M. D. or other) MD

Address Clifton Mo. Date signed 1-26

RECEIVED

Health Officer No. 6,

Sanitary File Number 234-158

Date Filed FEB 6 1943

1943 FEB 6 1943

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.....

P. O. Address.....

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.