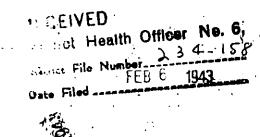
7. S. No. 2 0M—5-42 17. 5-17-39	II n	EALTH OF MISSOURI FICATE OF DEATH State File No	13
>1 X32873	Registration District NO 3-6-0 2 Primary Registration Dist	1 No: 6-4-9-58 95 Registrar's No.	
DO INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State Mo- (b) County Ogack (c) City or town Thamfeld (It detailed city or town limits, write "RURA)	7) 0
ENT H	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(d) Street No([frurel, give location) *1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MAN	In this community 3 years, months or days) (Specify whether	(e) Citizen of foreign country?	(Yes or No)
\ PER	3. (a) PRINT Betsy Jane Gillette	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Gam. 2 1 day	1945
AKE /	3. (b) If veteran, U 3. (c) Social Security name war	year hour // minute 2 21. I hereby certify that I attended the deceased from Accessed.	о а. м.
KM	4. Sex Female 5. Color or 6. (a) Single, widowed, married. 2 divorced Widowed	that I last saw her alive on Jaw 13	1943
	,6. (b) Name of husband or wife	and that death occurred on the date and hour stated above. Immediate cause of death	Duration
BLAC	7. Birth date of deceased 700. 27 1861 (Month) (Day) (Year)	8 serility	3wfls
UNFADING BLACK	8. AGE: Years Months Days If less than one day 8 1 1 25 hrmin.	Due to	
UNFA	9. Birthplace Jexas Co. mo. (State or foreign country)	Due to	
-USE	10. Usual occupation. Touse Wys. 11. Industry or business.	Other conditions. (Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
NLY-	E 12. Name Isaac House 13. Birthplace 700.	Of operations.	Underline the cause to which death
WRITE PLAINLY	(City towler county) 7 18 (State or foreign country)	. Of autopsy	should be charged sta- tistically.
RITE	15. Birthplace (State or foreign country) 16. (a) Informant C. (State or foreign country)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	***************************************
≱ 	(b) Address Marnfield, Mo- 17. (a) Burial (b) Date thereof Jan 22.1943		(State)
	(Burial, cremation, or removal) (c) Place: burial or cremation Safatust Hill (c) Company of funnel diseases (D & The Cluster)	(d) Did injury occur in or about home, on farm, in industrial place, in (Specify type of place)	public place?
	(b) Address Min. Home ask 19. (a) Flef L (3 (b) Hatter), Warres	While at work? (a) Black Means of injury 23. Signature (M. D. or	other)
	(Date received local registrar) (Registrar's signature)	Address Date sign	ed/~%G
	4 5 AI .	•	



STATEMENT BY LICENSED EMBALMER

, I hereby certify that the body whose name is recorded on the reverse side of this certificate was embained by me, or by........

working under my personal supervision.

Saned

..... Registered Apprentice No....

Licensed Embalmer No.....

P. O. Address....

the above constitutes grounds for revocation of license.)

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