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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6569

MAR 13 1943

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether

In this community one year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

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

(d) Street No. 1501 Main Street (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN BETTISE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Unknown 9

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2, (Day) 1875 (Year)

8. AGE: Years 67 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Unkown (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Otto Bettise
13. Birthplace Unknown (City, town, or county) Canada 9 (State or foreign country)

MOTHER
14. Maiden name Phelps
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. W. A. Stone

(b) Address 630 East 10th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sedilla, Mo. (Month) (Day) (Year) 2-27-43

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Street

19. (a) 3-1-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1943 hour 10; minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1943 to Feb. 25, 1943 that I last saw him alive on Feb. 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tertiary Syphilis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 30 g

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 C. C. Coats (M. D. or other)

Address Sec Texas Bu Joplin Date signed 2-26-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-2-204

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 F. M. Jones

Licensed Embalmer No. 2319

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.