

Registration District No. 373

Primary Registration District No. 4544

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Niangua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Edward Lincoln Betterman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Molly Betterman 6. (c) Age of husband or wife if alive x years
7. Birth date of deceased January 29 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 3 x hr. x min.

9. Birthplace Webster County, Mo.
(City, town, or county) (State or foreign county)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Frank Betterman

13. Birthplace Virginia
(City, town, or county) (State or foreign county)

14. Maiden name Virginia Wilkinson

15. Birthplace Virginia
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. Rudolph Reser

(b) Address Niangua, Mo.

17. (a) Burial (b) Date thereof 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mathis Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Mo.

19. (a) 7/9/43 (b) [Signature]
(Valid received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1943, to July 1, 1943;
that I last saw him alive on July 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of small intestine, typhoid & stomach / yr

Due to

Due to

Other conditions Myo-scleritis about 6 Mo
(Include pregnancy within 3 months of death)

Major findings: Of operations H6e

Of autopsy

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?

(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 [Signature] (M.-D. or other)

Address Marshfield Mo Date signed 7-7-43

RECEIVED

State Health Officer No. 6,

District File Number 843-945

Date Filed AUG 21 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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 3312

P. O. Address..... Marshfield, 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.