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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1945

Registration District No. 1945

Primary Registration District No. 5579

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Alba
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alba
(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 33 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Alba (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME THERESA PENNY BETEBENNER

3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Harry C. Betebenner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 18, 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 3 hr. min.

9. Birthplace Dennison, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name O. N. Penny

13. Birthplace X Ohio (City, town, or county) (State or foreign country)

14. Maiden name Eliza Althea Taylor

15. Birthplace X NEW YORK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Fox

(b) Address Alba, Missouri

17. (a) Burial (b) Date thereof 9-23-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Sept. 23, 1943 Mrs. Lillie Eagle (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 21, year 1943 hour 7:40 minute A. M.
21. I hereby certify that I attended the deceased from July 25, 1943 to Sept. 21, 1943
that I last saw her alive on Sept. 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature O. N. Penny (M. D. or other)
Address O. N. Penny Date signed 9/23/43

1180

(Licensed Embalmer's Statement on Reverse Side)

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

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