

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34965

NOV 8 1943

Registration District No. 22

Primary Registration District No. 4014

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Emma Caroline Betty

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Fm

5. Color or race W

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

6. (b) Name of husband or wife Jacob A. Betty

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 27 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 10 21 hr. min.

9. Birthplace Buchanan, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER

12. Name W. A. McMillan

13. Birthplace Buchanan Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Burk

15. Birthplace Buchanan Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Berry

(b) Address Bolton Mo.

17. (a) Burial (b) Date thereof 10-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elen Allen Cemetery

18. (a) Signature of funeral director Robert E. Druhn

(b) Address Suderville Mo.

19. (a) 10/21/43 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 9-1 1943 to 10-16 1943
that I last saw her alive on 10-16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Heart failure

Due to Chronic myocarditis with decompensation

Due to Hypostatic pneumonia

Other conditions Hypertension
(Include pregnancy within 3 months)

Major findings: Thromboplegia (C)

Of operations: (Cerebral apoplexy)

Of autopsy: 93d

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 Alberon Estes (M. D. or other) MD

Address Jackson Mo. Date signed 10-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1013

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1943

RECEIVED

District Health Officer No. 4
District File Number 1143-2882
Date Filed 11-6-43

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 Glen Wilson.....

Licensed Embalmer No. 2828

P. O. Address Jackson, 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.